

Detection of Multidrug Resistant Gram Negative Bacteria in Healthy Cattle from Maiduguri Metropolitan, Nigeria

Adam Mustapha^{1*}, Mustafa Alhaji Isa¹, Tijani Isa¹, Ibrahim Yusuf Ngoshe¹
and Hashidu Bala¹

¹Department of Microbiology, Faculty of Science, University of Maiduguri, P.M.B. 1069, Maiduguri, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. Author AM designed, supervised the study and wrote the first draft of the manuscript. Authors TI, IYN and HB performed the work and wrote the protocol. Author MAI managed the analyses and literature searches. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JAMB/2020/v20i630255

Editor(s):

(1) Dr. Niranjali Perera, Wayamba University of Sri Lanka, Sri Lanka.

Reviewers:

(1) Sarbjit Singh Jhamb, National Institute of Pharmaceutical Education & Research, India.

(2) Manisha Mathur, PGIVER, India.

Complete Peer review History: <http://www.sdiarticle4.com/review-history/58546>

Original Research Article

Received 20 April 2020

Accepted 25 June 2020

Published 14 July 2020

ABSTRACT

Aim: Prevalence of multidrug resistant bacteria on apparently health animals has turned antibiotic resistance to multifaceted process and threatens global food security and public health. The aim of the present study was to investigate the resistance profile of isolates from apparently healthy cattle in Maiduguri, Nigeria.

Methodology: A total of 120 nasal swab samples were collected from cattle. Colony identification was according to the guidelines of Bergey's Manual of Determinative Bacteriology. The susceptibility pattern of the isolates was conducted on the identified isolates according to the Modified Kirby-Baur disc diffusion method on Muller-Hilton agar and interpreted according to the procedures of Clinical Laboratory Standards Institute (CLSI, 2018) guidelines. Multiple Antibiotic Resistance Index (MARI) was calculated using the formula, $MARI = a/b$ where "a" is the number of antibiotic resisted and "b" is the total number of antibiotic used in the study.

Results: Of the total samples (120) from cattle 96 (80%) detected the following isolates; *E. coli* was

*Corresponding author: E-mail: Adadmustapha@unimaid.edu.ng;

the most commonly recovered isolates (33, 34.4%), followed by *Klebsiella spp* (28, 29.2%), *Salmonella spp* (21, 21.9%) and *Pseudomonas aeruginosa* (14, 14.5%). In this study, all the recovered isolates were found to be multidrug resistant gram negative bacteria, with highest resistance was shown by *Salmonella spp*. The high MARI observed in all the isolates in this study ranging from 0.7 to 0.9. MARI value of 0.2 > is suggests multiple antibiotic resistant bacteria and indicate presence of highly resistant bacteria.

Conclusion: The study indicates highly resistant bacteria are carried by healthy food animals. Thus, there is need for continued monitoring of antibiotics use in animal husbandry to prevent further spread of resistance in Maiduguri, Nigeria.

Keywords: Multiple drug resistance indexes; healthy animals; gram negative bacteria; prevalence; Nigeria.

1. INTRODUCTION

The accidental invention of antibiotics brought ray of hope to the treatment of bacterial infections in man, and not long, followed by the applications of antibiotics in the treatments of animals [1,2]. However, the emergence of resistance has been a global challenge in the application of antibiotics in both humans and animals. Regardless of the source, antibiotics resistance has been on raise and recently, has been projected to be among the major killer that will contribute to death of more than 10 million people annually by 2050 if the threat is not contained [3]. The drivers of resistances spans from indiscriminate use of antibiotics for therapeutic and non therapeutic purposes which facilitates the pressure of selecting resistant bacteria, worthy to note is heavy applications of antibiotics in animal husbandry [4,5,6,7]. Of concern is the rapid emergence of resistance especially amongst the critical and high level priority pathogens, some of which are becoming totally resistant to the last resort agents and introduction of new agents are on slow phase [8,9].

Large amount of world's antibiotics are used for non human purposes, which largely exceed use for man and the applications in animal husbandry is not for therapeutic purposes, rather as growth promoters, feed additives and for prophylaxis [10,11]. Furthermore, it is estimated that the global consumption of antibiotics is approximated to be around 70 to 80% and projected increase of 67% by year 2030 [10]. This could be explained for the quest of large livestock products for profit making in many countries. Although, the use of antibiotics in farming and agriculture is banned in most European countries for prophylaxis, however, the practice of applications of antibiotics in animal husbandry is still common in many countries across the world

[12,13]. The use of antibiotics in animal husbandry results to presence of antibiotics residues in animals and food of animal origins [14,15,16,17].

In Nigeria, due to the recent boom in agriculture especially livestock breeding, many farmers resort to use of antibiotics indiscriminately for prophylaxis and as growth promoters. Furthermore, poor antibiotic stewardship complicated the scenario, hence, this study, aimed to isolates bacteria of public health importance and their resistance profiles in apparently healthy animals.

2. MATERIALS AND METHODS

2.1 Study Area and Sample Collection

The samples were collected from the University of Maiduguri Animal Science Livestock Farm between the months of July and August, 2019. Both the university and the farm are located at Maiduguri, Maiduguri city is found in Borno State, North eastern Nigeria.

The samples were collected from apparently healthy animals which showed no symptom of any illness. A total of 120 nasal swab samples were collected from cattle. All the nasal samples were collected with the use of sterile swab stick, the swab was then returned to its case, labeled and taken to the Microbiology Laboratory of University of Maiduguri for analyses.

2.2 Bacterial Isolation and Identification

The nasal swabs were cultured overnight onto nutrient broth at 37°C for the determination of microbial growth and then sub-cultured on to blood agar, chocolate agar and MacConkey agar plates and incubated at 37°C for 24 hrs. Suspected colonies were picked for further

analysis of pure culture of gram negative bacteria using standard microbiological techniques of colony identification which involved gram staining and biochemical tests according to the guidelines of Bergey's Manual of Determinative Bacteriology [18].

2.3 Antibiotic Susceptibility Testing

Antibiotic susceptibility testing was done on the identified isolates according to the Modified Kirby-Baur disc diffusion method on Muller-Hilton agar and interpreted according to the procedures of Clinical Laboratory Standards Institute (CLSI, 2018) guidelines [19]. Antibiotic discs were placed over the media using dispenser and gently tap each antibiotic disc onto the surface of the agar with a sterile stick. Each of the identified isolate was spread on a separate nutrient agar plate, and antibiotic disc dropped on the plate and incubated at 37°C for 24 hours.

The Kirby-Bauer disk diffusion susceptibility test was used to determine the sensitivity or resistance of all confirmed isolates to 10 antimicrobial agents: CPX=Ciproflox (10 µg), CN=Gentamycin (10 µg), S=Streptomycin (30 µg), PN=Ampicillin (30 µg), OFX=Tarivid (10 µg), CEP=Ceporex (10 µg), PEF=peflacine (10 µg), AU=Augmentin (30 µg), NA=Nalidixic acid (30 µg) and SXT=Septrin (30 µg) [20]. Based on the recommendations of Clinical Laboratory

Standards Institute (CLSI, 2018), the zone of inhibition was measured and interpreted as sensitive (S), intermediate (I) and resistant (R) accordingly.

2.4 Determination of Multiple Antibiotic Resistance Index (MARI)

MARI was calculated using the formula, $MARI = a/b$ where "a" is the number of antibiotic resisted and "b" is the total number of antibiotic used in the study. Isolate with MARI value of $0.2 >$ suggests multiple antibiotic resistant bacteria and indicate presence of highly resistant bacteria [21].

3. RESULTS

3.1 Confirmation of Bacterial Isolates

Identification of bacterial Isolates was based on the morphological and biochemical testes and confirmed the presence of members of gram negative bacteria. Of the total samples (120) collected from cattle, (n=96/120) samples yielded positive growth of gram negative bacteria isolates. This gives a total recovery rate of 80%; 33 were identified as *Eschericia coli* (34.4%), 28 were identified as *Klebsiella spp* (29.2%), 21 were identified as *Salmonella spp* (21.9%) and 14 were identified as *Pseudomonas aeruginosa* (14.5%) (Fig. 1).

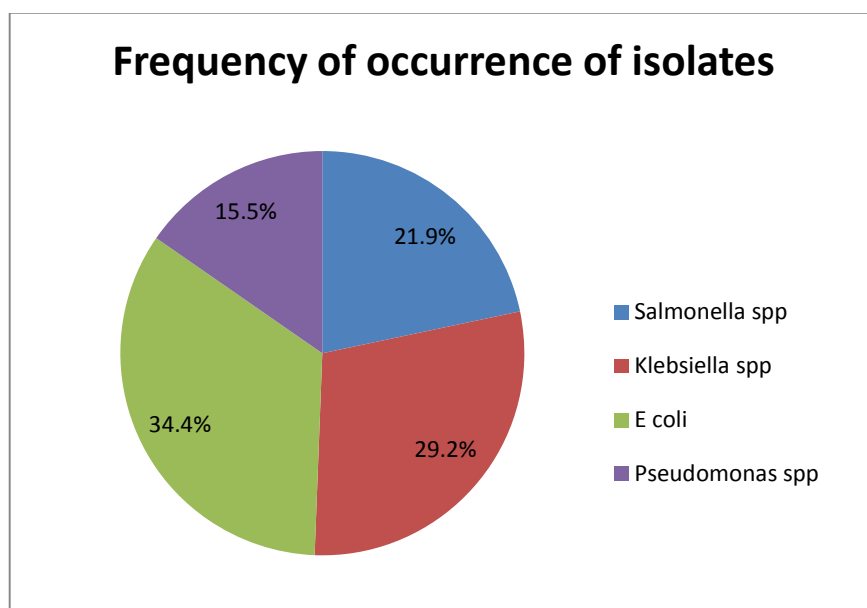


Fig. 1. Frequency of occurrence of the isolates

3.2 Antibiotic Susceptibility Test

The result of antimicrobial susceptibility test on the isolates obtained is presented by measuring the zones of inhibition around each antibiotic disc; each value is a mean of triplicate measurement (Table 1). Intermediate isolates were considered as resistant to all the agents tested. Multidrug resistance was observed in most of the samples as shown in Table 2. The highest resistance was shown by *Salmonella spp* and all other isolates were multidrug resistant in nature (resistance to ≥ 3 antibiotics class).

3.3 Determination of Multiple Antibiotic Resistance Index (MARI)

Multiple Antibiotic Resistance index phenotypes of isolates that exhibited resistances to three or more antibiotics were generated by dividing number of antibiotics resistant to the total number of antibiotics tested (Table 3).

4. DISCUSSION

Apparently healthy animals harbor multidrug resistant bacteria and they pose a threat to

continued increase of resistance in animals and humans. Thus, it is important to assess the resistance profile of bacteria among apparently healthy animals as they are used as source of food. In the present study, total of 120 nasal swab samples were collected from cattle. Resistance profile of isolates from healthy livestock was assessed.

The prevalence of bacterial isolates was found to be 80% accounting for large proportion. *E. coli* was the most common species in this study (34.4%) (Fig. 1). This was followed by *Klebsiella spp* (29.2%), *Salmonella spp* (21.9%) and *Pseudomonas aeruginosa* (15.5%). In southern Nigeria, a study reported a high rate of *E. coli* in cattle with no sign of ill-health which is comparable with the current study [22]. In recent time, it was demonstrated that *E. coli* was predominant species in healthy animals, this finding is also in tandem with the current study [23]. In a similar manner, high rate of *E. coli* was reported in cows from Jordan [24,25]. These finding is also consistent with other reports where *E. coli* was observed as the predominant species in healthy animals [23,26,27,28,29,30,31]. On

Table 1. Zones of inhibition of the isolates against the drug tested (mm)

S/N	Isolate	OFX	PEF	CPX	AU	CN	S	CEP	NA	SXT	PN
1	<i>E. coli</i>	12	18	22	15	13	11	17	14	10	13
2	<i>Klebsiella spp</i>	15	13	15	21	18	11	20	13	11	14
3	<i>Salmonella spp</i>	12	20	15	13	12	12	15	11	10	13
4	<i>Pseudomonas aeruginosa</i>	14	18	15	18	16	12	13	12	14	19

Note: OFX= Cefoxitin; PEF= Reflacine; CPX= Ciprofloxacin; AU= Augmentin; CN= Gentamycin; S= Streptomycin; CTX: Cefotaxime; NA= Nalidixic Acid; SXT= Septrin; PN= Ampicilin; mm= Millimeter

Table 2. Resistance pattern of isolates to the respective antibiotics used

Identified isolates	Resistance pattern									
	OFX	PEF	CTX	AU	CN	S	CEP	NA	SXT	PN
<i>E. coli</i>	R	S	S	R	I	I	I	I	R	R
<i>Klebsiella spp</i>	R	I	I	S	S	R	R	R	R	I
<i>Salmonella spp</i>	R	S	R	R	R	I	R	R	R	R
<i>P. aeruginosa</i>	I	S	R	S	S	R	R	R	R	R

Note: R= resistant; I= intermediate; S= susceptible

Table 3. Multiple drug resistance indexes (MARI) of the isolates

Isolates	List of antibiotics	Number of antibiotics	MARI
<i>E. coli</i>	OFX, AU, CN, S, CEP, NA, SXT, PN	8	0.8
<i>Klebsiella spp</i>	OFX, PEF, CTX, S, CEP, NA, SXT, PN	8	0.8
<i>Salmonella spp</i>	OFX, CTX, AU, CN, S, CEP, NA, SXT, PN	9	0.9
<i>P. aeruginosa</i>	OFX, CTX, S, CEP, NA, SXT, PN	7	0.7

Note: OFX= Cefoxitin; PEF= Reflacine; CPX= Ciprofloxacin; AU= Augmentin; CN= Gentamycin; S= Streptomycin; CTX: Cefotaxime; NA= Nalidixic Acid; SXT= Septrin; PN= Ampicilin

the other hand, a study from Nigeria, reported a lower rate of *E. coli* in healthy cattle (17%) [32]. Handling of the animals, misuse of antibiotics and other factors might be responsible for the differences certainly not only geographical location. Overall, the high prevalence of *E. coli* and occurrence of other isolates can be explain by being the members of normal flora in animals, however, occurrence of *Salmonella spp*, *P. aeruginosa* and *Klebsiella spp* is a pointer to high burden that have potential risk to animals and human health.

Isolates originating from this study were shown to be multidrug resistant (Table 1). The trends in resistance pattern showed that *Salmonella spp* (90%) were more resistant than other isolates. This finding shows similar pattern of high resistant *Salmonella spp* in previous study in China, where the multidrug resistant (MDR) *Salmonella spp* reported to be 80% in food animals when tested against 17 commonly used antibiotics for clinical applications [33]. Previously, report from Ghana also reported high prevalence of *Salmonella spp* (66.7%) which where the MDR of the isolates were reported to be 52.8% [34]. Across the world, prevalence of *Salmonella spp* were reported in varying degree with very low prevalence in Europe (2%) than other continents which is in contrast with the current study [35]. This variation of occurrence could be accounted for the methods the cattle are handled in different geographical regions.

In the present study, resistance rate of *E. coli* was found to be 80% (Table 1). This finding is similar to previous studies where MDR *E. coli* was reported in healthy cattle in Southern Nigeria compared to other parts of the country [23]. Adelowo et al. [36], reported that 94% of *E. coli* from food animals is MDR. Similarly, Sawant et al. [26] reported high resistant *E. coli* (86%) from USA which is consistent with our finding. Similar high patterns of *E. coli* resistant isolates were reported elsewhere [28,29,37,38]. The high resistance patterns in this study are a pointer of excessive use of antimicrobial in animal husbandry.

In this study, two other isolates were also reported to be MDR, *Klebsiella spp* and *Pseudomonas aeruginosa* (Table 1). MDR *P. aeruginosa* has been reported by Beier et al. with varying degree of resistance to different antibiotics, 93.8% to beta-lactam and least resistance to Fluoroquinolone (16%) [39]. *P.*

aeruginosa as an adaptive pathogens, exhibiting multidrug drug pattern is worrisome. We report 70% *P. aeruginosa* resistance which is in agreement with previous studies depending on the class of antibiotics [40,41]. Similar multidrug resistance *P. aeruginosa* has been previously reported in healthy cattle from France and elsewhere [42,43,44]. In the present study, MDR *Klebsiella spp* was found to be 80% (Table 1). In a study from China, high rate resistance *Klebsiella spp* was reported to be 93.4% [45]. Similar studies documented MDR *Klebsiella spp* in cattle [46,47,48,49]. Detection of MDR isolates in healthy food animals is an urgent threat to food security and public health, as there is well established evidence of link of transfer of resistance through food animals to humans [50-56].

In all the antibiotics tested, none proved to be effective against all the isolates, however, Reflacine was found to be more effective against the isolates (Table 2). This accounts for the indiscriminate applications of antibiotics in both animals and human use and is a pointer of cross resistance. The multiple antibiotic resistance index (MARI) of the isolates recovered in the present study indicate multidrug resistance in nature (Table 3). The MARI value > 0.2 is suggesting multidrug resistance, due to high risk application and contamination of antibiotics [57]. An average of 0.8 MARI in this study is higher than report of Chika et al. [58]. Adzitey [59] reported pattern of high MARI of 0.11-0.78 from Ghana. These findings demonstrate that the cattle were exposed to multiple classes of antibiotics. On the other hand, a lower MAR index ranging 0.3-0.6 was reported in South African study in food animal [60]. Comparable finding also reported lower MARI (0.31) in healthy livestock from South Africa [61]. This can be explained by the sample size and antibiotic regulation in the study area, among other factors.

Lacks of epidemiological variables, such as history of antibiotic use, to assess the risk factors of exposure and development of resistance and sample size are among the limitation of this study. Also molecular analysis could not be performed to determine the resistant genes due to funding constraint. Thus, future studies is required to explore molecular nature of the multidrug resistant genes and the risk factors associated with harboring of drug resistant bacteria in healthy animals in the study area.

5. CONCLUSION

In summary, the present study found multidrug resistant gram negative bacteria on healthy cattle. Notably, the most predominant isolates were reported to be *E. coli*, followed by *Klebsiella spp*, *Salmonella spp*, and *Pseudomonas aeruginosa*. Highest resistant isolates were found to be *Salmonella spp*, however all the isolates showed multidrug resistant pattern as indicated by MAR indexes ranging from 0.7 to 0.9.

Due to paucity of studies in Maiduguri metropolis, Northeast Nigeria, this study reveals the multidrug resistant gram negative bacteria in apparently healthy food animals. The high rate of resistant bacteria in these animals suggests excessive use of antibiotics for non-chemotherapeutic purposes and therefore, strict monitoring of application of antibiotics in animal husbandry required.

ETHICAL APPROVAL

Ethical approval was obtained from the ethical committee of university of Maiduguri.

ACKNOWLEDGEMENTS

We would like to appreciate staff of University of Maiduguri Farm Animal Unit. We also like to acknowledge technicians of the department of Microbiology for their supports.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- Zinner SH. Antibiotic use: Present and future. *New Microbiologica*. 2007;30:321-325.
- Aminov R. History of antimicrobial drug discovery: Major classes and health impact. *Biochemical Pharmacology*. 2017;133:4-19.
- De Kraker ME, Stewardson AJ, Harbarth S. Will 10 Million people die a year due to antimicrobial resistance by 2050? *PLoS Medicine*. 2016;13(11):e1002184. DOI: 10.1371/journal.pmed.1002184
- Aminov RI. The role of antibiotics and antibiotic resistance in nature. *Environmental Microbiology*. 2009;11(12):2970-2988.
- Landers TF, Cohen B, Wittum TE, Larson EL. A review of antibiotic use in food animals: Perspective, policy and potential. *Public Health Rep*. 2012;127(1):4-22.
- Chang Q, Wang W, Regev-Yochay G, Lipsitch M, Hanage WP. Antibiotics in agriculture and the risk to human health: How worried should we be? *Evolutionary Applications*. 2015;8(3):240-245.
- Palácio SB, Medeiros SM, Garcia JE, Cavalcanti IM. Microbial resistance due to the use of antimicrobials in livestock and agriculture. *Approaches in Poultry, Dairy & Veterinary Sciences*; 2018. DOI: 10.31031/APDV.2018.04.000595
- O'Neill J. Review on antimicrobial resistance: Tackling a crisis for the health and wealth of nations. London; 2014. (Accessed 10 May 2020) Available:www.jpamr.eu/wp-content/uploads/2014/12/AMR-review-Paper-Tackling-a-crisis-for-the-health-and-wealth-of-nations_1-2
- Abat CJM, Rolain G, Dubourg PE, Fournier H, Chaudet DR. Evaluating the clinical burden and mortality attributable to antibiotic resistance: The disparity of empirical data and simple model estimations. *Clinical Infectious Disease*. 2017;S58-S63.
- Van Boeckel TP, Brower C, Gilbert M, Grenfell BT, Levin SA, Robinson TP, Teillant A, Laxminarayan R. Global trends in antimicrobial use in food animals. *Proceedings of the National Academy of Sciences*. 2015;112(18):5649-5654. DOI: 10.1073/pnas.1503141112
- Van Boeckel TP, Glennon EE, Chen D, Gilbert M, Robinson TP, Grenfell BT, Laxminarayan R. Reducing antimicrobial use in food animals. *Science*. 2017; 357(6358):1350-1352.
- Woolhouse M, Ward M, van Bunnik B, Farrar J. Antimicrobial resistance in humans, livestock and the wider environment. *Philos Trans. R. Soc. Lond. Ser. B Biol. Sci*. 2015;370:20140083.
- Robinson TP, Bu DP, Carrique-Mas J, Fèvre EM, Gilbert M, Grace D, et al. Antibiotic resistance is the quintessential one health issue. *Trans. R. Soc. Trop. Med. Hyg*. 2016;110:377-380.
- Ibrahim A, Junaidu A, Garba M. Multiple antibiotic residues in meat from slaughtered cattle in Nigeria. *The Internet*

- Journal of Veterinary Medicine. 2009;8(1): 1-5.
15. Vincent R, Damien P, Tantely R, Jimmy MC, Jean I, Eric C. Prevalence of antimicrobial residues in pork meat in Madagascar. *Tropical Animal Health and Production*. 2013;46. DOI: 10.1007/s11250-013-0445-9
 16. Darwish WS, Eldaly EA, El-Abbasy MT, Ikenaka Y, Nakayama SM, Ishizuka M. Instructions for use title antibiotic residues in food: The African scenario. *Jpn J Vet Res*. 2017;61:13-22.
 17. Galadima HB, Geidam YA, Shamaki BU, Abdulrahman HI, Ibrahim B, Waziri A. Survey of antimicrobial residue in table eggs among layer poultry farmers in Maiduguri Metropolis, Borno State. *Asian Journal of Animal and Veterinary Advances*. 2018;13:101-108.
 18. Bergeys manual of determinative bacteriology (7th Ed.). American Journal of Public Health and the Nations Health. 1964;54(3):544.
 19. Clinical and Laboratory Standards Institute (CLSI). Performance standards for antimicrobial susceptibility testing 28th Ed. Wayne P.A.; 2018.
 20. Bauer AW, Kirby WM, Sherris JC, Turck M. Antibiotic susceptibility single disk method. *American Journal of Clinical Pathology*. 1966;45(4):493-496.
 21. Krumperman PH. Multiple antibiotic resistance indexing of *Escherichia coli* to identify high-risk sources off fecal contamination of foods. *Applied Environmental Microbiology*. 1983;46(1):165-170.
 22. Nsofor CA, Iroegbu CU. Antibiotic resistance profile of *Escherichia coli* isolated from five major geopolitical zones of Nigeria. *Journal of Bacteriology Research*. 2013;5(3):29-34.
 23. Oloso NO, Fagbo S, Garbati M, Olonitola SO, Awosanya EJ, Aworh MK, Adanu H, Odetokun IA, Fasina FO. Antimicrobial resistance in food animals and the environment in Nigeria: A review. *International Journal of Environmental Research and Public Health*. 2018;15(6):1284. DOI: 10.3390/ijerph15061284
 24. Obaidat MM, Salman AB, Davis MA, Roess AA. Major diseases, extensive misuse and high antimicrobial resistance of *Escherichia coli* in large- and small-scale dairy cattle farms in Jordan. *J Dairy Sci*. 2018;101(3):2324-2334.
 25. Zhang D, Zhang Z, Huang C, Gao X, Wang Z, et al. The phylogenetic group, antimicrobial susceptibility and virulence genes of *Escherichia coli* from clinical bovine mastitis. *J Dairy Sci*. 2018;101(1): 572-580.
 26. Sawant AA, Hegde AN, Straley BA, Donaldson SC, Love BC, Knabel SJ, Jayarao. Antimicrobial-resistant enteric bacteria from dairy cattle. *Applied and Environmental Microbiology*. 2007;73(1): 156-162.
 27. Huasai S, Chen A, Wang AC, Li Y, Tonrige B. Occurrence and characteristics of virulence genes of *Escherichia coli* strains isolated from healthy dairy cows in Inner Mongolia, China. *Brazilian Journal of Microbiology*. 2012;43(2):528-534.
 28. Mainda G, Bessell PR, Muma JB, McAteer SP, ChaseTopping ME, Gibbons J, Stevens MP, Gally DL, deC. Bronsvort BM. Prevalence and patterns of antimicrobial resistance among *Escherichia coli* isolated from Zambian dairy cattle across different production systems. *Scientific Reports*. 2015;12439. DOI: 10.1038/srep12439
 29. Madoshi BP, Kudirkiene E, Mtambo MMA, Muhairwa AP, Lupindu AM, Olsen JE. Characterisation of commensal *Escherichia coli* isolated from apparently healthy cattle and their attendants in Tanzania. *PLoS ONE*. 2016;11(12). DOI: 10.1371/journal.pone.0168160
 30. Gupta M, Islam M, Sen A, Sarker MS, Das A. Prevalence and antibiotic susceptibility pattern of *Escherichia coli* in cattle on Bathan and intensive rearing system. *Microbes and Health*. 2017;6(1):1-4.
 31. Stein RA, Katz. *Escherichia coli*, cattle and propagation of disease. *FEMS Microbiology Letters*. 2017;364(6):1-12.
 32. Smith SI, Aboaba OO, Odeigha O, Shodip K, Adeyeye JA, Ibrahim A, Adebisi T, Onibukun H, Odunukwe NN. Plasmid profile of *Escherichia coli* 0157:H7 from apparently healthy animals. *African Journal of Biotechnology*. 2003;2(9):322-324.
 33. Lu Y, Zhao H, Sun J, Liu Y, Zhou X, Beier RC, Wu G, Hou X. Characteristic of multidrug resistant *Salmonella* enteric Serovars Indiana and Enteritidis from chickens in Eastern China. *PLOS ONE*. 2014;9(5):e96050. DOI: 10.1371/journal.pone.0096050
 34. Sekyere JO, Adu F. Prevalence of multidrug resistance among *Salmonella*

- enterica* Serovar Typhimurium isolated from pig faeces in Ashanti Region, Ghana. International Journal of Antibiotics. 2015;1-4.
35. Gutema FD, Agga GE, Abdi RD, Zutter LD, Duchateau L, Gabriel S. Prevalence and serotype diversity of *Salmonella* in apparently healthy cattle: Systemic review and meta-analysis of published studies, 2000-2017. Frontiers in Veterinary Science. 2019;6(102):1-11. DOI: 10.3389/fvets.2019.00102
 36. Adelowo OO, Fagade OE, Agersø Y. Antibiotic resistance and resistance genes in *Escherichia coli* from poultry farms, Southwest Nigeria. Journal of Infection in Developing Countries. 2014;8(9):1103-1112. DOI: 10.3855/jidc.4222
 37. Tadesse AH, Gidey NB, Workelule K, Hailu H, Gidey S, Bsrat A, Taddele H. Antimicrobial resistance profile of *E. coli* isolated from raw cow milk and fresh fruits juice in Mekelle, Tigray. Ethiopia. Veterinary Medicine International. 2018;1-7. DOI: 10.1155/2018/8903142
 38. Astorga F, Navarrete-Talloni MJ, Miro MP, Bravo V, Toro M, Blondel CJ, Herve-Claude LP. Antimicrobial resistance in *E. coli* isolated from dairy calves and bedding material. Heliyon. 2019;5:1-7.
 39. Beier RC, Foley SL, Davidson MK, White DG, Bodeis-Jones S, Zhao S, et al. Characteristic of antibiotic and disinfectant susceptibility profiles among *Pseudomonas aeruginosa* veterinary isolates recovered during 1994-2003. Journal of Applied Microbiology. 2014;118(2):326-342. DOI: 10.1111/jam.12707
 40. Argudin MA, Deplano A, Meghraoui A, Dodemont M, Heinrichs A, Denis O, Nonhoff C, Roisin S. Bacteria from animals as a pool of antimicrobial resistance genes. Antibiotics. 2017;6(12):1-38. DOI: 10.3390/antibiotics6020012
 41. Elshafiee EA, Nader SM, Dorgham SM, Hamza DA. Carbapenem-resistant *Pseudomonas aeruginosa* originating from farm animals and people in Egypt. Journal of Veterinary Research. 2019;63(3):333-337. DOI: 10.2478/jvetres-2019-0049
 42. Marisa H, Didier H, Cecile P, Pascal C, Christophe G, Jean-Yves M, Xavier B. Population structure and antimicrobial susceptibility of *Pseudomonas aeruginosa* from animals infections in France. BMC Veterinary Research. 2015;11(1):1-9.
 43. Odumosu BT, Ajetunmobi O, Dada-Adegbola H, et al. Antibiotic susceptibility pattern and analysis of plasmid profiles of *Pseudomonas aeruginosa* from human, animals and plant sources. Springerplus. 2016;1381:3073-3079.
 44. Benie CK, Dadie A, Guessennnd N, Ngbesso-Koudio NA, Kouame ND, Ngolo DC, Aka S, Dako E, Dje KM. Characterization of virulence potential of *Pseudomonas aeruginosa* isolated from bovine meat, fresh fish and smoked fish. European Journal of Microbiology and Immunology. 2017;7(1):55-64.
 45. Cheng F, Li Z, Lan S, Liu W, Li X, Zhou Z, Song Z, Wu J, Shan W. Characterization of *Klebsiella pneumoniae* associated with cattle infections in Southwest China using multi-locus sequence typing (MLST), antibiotic resistance and virulence-associated gene profile analysis. Brazilian Journal of Microbiology. 2018;49S:93-100.
 46. Osman KM, Hassan HM, Orabi M, Abdelhafez AST. Phenotypic, antimicrobial susceptibility profile and virulence factors of *Klebsiella pneumoniae* isolated from buffalo and cow mastitic milk. Pathogens and Global Health. 2014;108(4):191-197.
 47. Tasnim UT, Islam MT. Pathogenic and drug resistant bacteria in raw milk of Jessore city: A potential food safety threat. Bangl J. Vet Med. 2015;13(1):71-78.
 48. Munoz MA, Ahlstrom C, Rauch BJ, Zadoks RN. Fecal shedding of *Klebsiella pneumoniae* by dairy cows. J. Dairy Sci. 2006;89:4325-4330.
 49. Brisse S, van Duijkeren E. Identification and antimicrobial susceptibility of 100 *Klebsiella* animal clinical isolates. Vet. Microbiol. 2005;105:307-312.
 50. Klein G, Franz CMAP. The farm animal as potential reservoir of antibiotic resistant bacteria in the food chain. Biology OG Growing Animals. 2005;2:191-207.
 51. Aminov RI, Mackie RI. Evolution and ecology of antibiotic resistance genes. FEMS Microbiology Letters. 2007;271:147-161.
 52. Dierikx CM, van der Goot JA, Smith HE, Kant A, Mevius DJ. Presence of ESBL/AmpC-producing *Escherichia coli* in the broiler production pyramid: A descriptive study. PLOS ONE. 2013;8(11): 1-8.

53. Kluytmans JAJW, Overdeest ITMA, Willemssen I, Kluytman-Van Den B, Zwaluw KVD, Heck M, Rijnsburger M, et al. Extended-spectrum β -Lactamase-producing *Escherichia coli* from retail chicken meat and humans: Comparison of strains, plasmids, resistance genes and virulence factors. *Clinical Infectious Diseases*. 2013;56(4):478-487.
54. Lazarus B, Paterson DL, Mollinger JL, Rogers BA. Do human extraintestinal *Escherichia coli* infections resistant to extended-spectrum cephalosporin originate from food-producing animals? A systemic review. *Clinical Infectious Diseases*. 2015;60:439-452.
55. Liu YY, Wang Y, Walsh TR, Yi LX, Zhang R, Spancer J, et al. Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: A microbiological and molecular biological study. *The Lancet Infectious Diseases*. 2016;16(2):161-168.
56. Chiou CS, Chen YT, Wang YW, Liu YY, Kuo HC, Tu YH, et al. Dissemination of mcr-1 carrying plasmid among Colistin-resistant *Salmonella* strains from humans and food-producing animals in Taiwan. *Antimicrobial Agents and Chemotherapy*. 2017;61(7):1-4.
57. Joseph AA, Odimayo MS, Olokoba LB, Olokoba AB, Popoola GO. Multiple antibiotic resistance index of *Escherichia coli* isolates in a Tertiary Hospital in South-West Nigeria. *Medical Journal of Zambia*. 2017;44(4):225-232.
58. Chika E, Ifeanyichukwu I, Clement OA, Malachy U, Peter E, Chidinma I, et al. Multiple antibiotic resistance, antibiogram and phenotypic detection of Metallo-BetaLactamase (MBL) from *Escherichia coli* of poultry origin. *J Appl Microbiol Biochem*. 2017;1(4):1-5.
59. Adzitey F. Antibiotic resistance of *Escherichia coli* isolated from beef and its related samples in Techiman Municipality of Ghana. *Asian Journal of Animal Science*. 2015;9(5):233-240.
60. Iwu CJ, Iweriebor BC, Obi LC, Basson AK, Okoh AI. Multidrug-resistant *Salmonella* isolates from Swine in the Eastern Cape Province, South Africa. *Journal of Food Production*. 2016;79(7):1234-1239.
61. Mthembu TP, Zishiri OT, El-Zowalaty ME. Molecular detection of multidrug-resistant *Salmonella* isolated from livestock production system in South Africa. *Infection and Drug Resistance*. 2019;2: 3537-3548.

© 2020 Mustapha et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<http://www.sdiarticle4.com/review-history/58546>