# Multiple Antibiotic Resistance (MAR) Index of Enterococcal Isolates Isolated from Healthy Poultry Faeces in Bikaner Region

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The study was carried out with an objective to establish a baseline for antimicrobial susceptibility of *Enterococcus* isolates recovered from healthy poultry faeces in Bikaner region. The isolates were subjected to antibiotic sensitivity test by Kirby Bauer disk diffusion method using 19 different antibiotics belonging to different classes. Based on the resistance pattern of the isolates, the Multiple Antibiotic Resistance (MAR) Index was calculated. The results of the study revealed that almost all of the isolates exhibited Multi Drug Resistance (MDR) character and all the isolates had a very high MAR Index, suggesting the origin of the isolates to be of high antibiotic usage.

Key words: Enterococcus, MAR index, MDR isolates.

Uncontrolled usage of antimicrobials in food animals as poultry has been recognized as the most important factor that determines the development and spread of resistant microorganisms. Poultry have increasingly been associated with carriage of multi-drug resistant enterococci. More than 26% of the antibiotics used in veterinary practice were intended for poultry, mainly for broilers, resulting in a yearly exposure of 430 mg of antibiotic/kg/yr of poultry (Van den Bogaard et al., 2000). This was considerably higher than the antibiotic usuage in other food animal populations (Van den Bogaard et al., 2000). Hence, antibiotic selection pressure for resistance in bacteria in poultry is high and consequently their faecal flora contains a relatively high proportion of resistant bacteria (Van den

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Bogaard et al., 2002). The results of previous studies have indicated that the use of avoparcin, gentamicin (GEN), and virginiamycin for growth promotion and therapy in food animals has led to the emergence of vancomycin- and gentamicinresistant enterococci (VRE and GRE) and Quinupristin-Dalfopristin (QD) -resistant E. faecium in animals and meat (Hammerum et al., 2010). The animal intestinal tract can act as a reservoir for vancomycin resistant Enterococcus (VRE) and food-producing animals can directly transfer VRE to humans via the food chain (Kuhn et al., 2005). Animals, especially livestock, such as chickens and pigs, have consistently been reported as the reservoirs for VRE (Vignaroli et al., 2011). Several studies suggest that poultry products could be a source of vancomycin resistant Enterococcus (VRE) in humans through the food chain (Roberdo et al., 2000). Multidrug resistance is common among enterococci and presents a formidable treatment problem (Donabedian et al., 2003).

Multiple antibiotic resistance (MAR) indexing has been shown to be a cost effective and valid method of bacteria source tracking. MAR analysis has been used to differentiate bacteria from different sources using antibiotics that are commonly used for human therapy. Compared to other methods of bacteria source tracking such as genotypic characterization, the MAR indexing method is cost effective, rapid and easy to perform. MAR index values greater than 0.2 indicate high risk source of contamination where antibiotics are often used.

#### MATERIALSAND METHODS

# Antimicrobial susceptibility testing

Antimicrobial susceptibility testing of pre-identified enterococcal isolates was performed using the disc diffusion method (Bauer *et al.*, 1966). Values obtained were interpreted according to the Clinical and Laboratory standards Institute (CLSI, 2010) into resistant, intermediate and sensitive categories.

#### MAR (Multiple Antibiotic Resistance) Index Study

The MAR Index of an isolate is defined as a/b, where a represents the number of antibiotics to which the isolate was resistant and b represents the number of antibiotics to which the isolate was subjected (Jayaraman Sathishkumar *et al.*, 2012).

### Identification of MDR (Multi Drug Resistance)

Multi Drug Resistance is defined as resistance to least two classes of antibiotics among all the tested antibiotics. The Multi Drug Resistance (MDR) characters of the isolates were identified by observing the resistance pattern of the isolates to the antibiotics.

#### RESULTS

Antimicrobial profile of *Enterococcus* isolates as obtained from Kirby Bauer disk diffusion method was interpreted as per CLSI standards is shown in table-I. Absolute resistance was obtained for oxacillin, clindamycin and cefepime (IV generation cephalosporin). A total of 95% isolates were resistant to tetracycline, 90% towards colistin and 85% towards nalidixic acid. The most susceptible antibiotics as per this study were ampicillin, Piperacillin/tazobactum and penicillin-G. The MAR indexes of the isolates were calculated and noted (Table - II & III).

# DISCUSSION

Resistance in commensal bacteria often is high to broad spectrum of antimicrobials (Goldstein et al., 2001). Those bacteria are left uncontrolled, as they do not cause any clinical signs of diseases. That helps them to survive in different conditions by pressure of different quantities and spectrum of antimicrobials. Hence their level of resistance is considered to be a good indicator for selection pressure by antibiotic use and for resistance problems to be expected in pathogens. Monitoring the prevalence of resistance in indicator bacteria such as faecal Enterococcus and Escherichia coli in different populations, makes it feasible to compare the prevalence of resistance and to detect transfer of resistant bacteria or resistance genes from animals to humans and vice versa (Lukaova et al., 2003). Enterococci usually are found in large numbers in food of animal origin, such as cattle, pig, and poultry carasses (Hammerum et al., 2010) and their presence is an indication of faecal contamination, which commonly occurs during slaughter of the animals (Hammerum et al., 2010). Due to their resistance to freezing, low pH, and moderate heat treatment, the Enterococci have been suggested as an indicator in some types of food products (Banwart et al., 1989) and also associated with processed & heat treated food materials (Foulquie-Moreno et al., 2006). Heating of processed meat may confer a selective advantage on enterococci, as they are among the most tolerant of non-sporulating bacteria (Bradley and Fraise, 1996).

All the enterococcal isolates in this study showed resistance to multiple antibiotics and MAR value calculated was much higher than 0.2 *i.e.* ranged from 0.31 to 0.84 which indicated a high risk of antibiotic contamination. MAR index obtained indicated that multi-drug resistance was predominant among all isolates. Similar data was verified by Son *et al.* (1999), who reported MAR rates ranging from 0.2 to 0.9 in *Enterococcus* of beef origin and by Carvalho *et al.* 

S.No.	Antibiotic disc	Concentration		Enterococcus isolates	
		(mcg or unit/disc)	Resistant	Intermediate	Sensitive
1.	Ampicillin	10	17.5%(7)	_	82.5%(33)
2.	Clindamycin	2	100%	-	-
3.	Cefepime	30	100%	-	-
4.	Cefazolin*	30	65%(26)	-	35%(14)
5.	Cefotaxime	30	65%(26)	12.5%(5)	22.5%(9)
6.	Cephalothin	30	40%(16)	12.5%(5)	47.5%(19)
7.	Chloramphenicol	30	27.5%(11)	10%(4)	62.5%(25)
8.	Ciprofloxacin	5	37.5%(15)	37.5%(15)	25%(10)
9.	Colistin	10	90%(36)	-	10%(4)
10.	Cotrimoxazole	25	82.5%(33)	-	17.5%(7)
11.	Gemifloxacin	5	57.5%(23)	17.5%(7)	25%(10)
12.	Levofloxacin	5	7.5%(3)	25%(10)	67.5%(27)
13.	Nalidixic acid	30	85%(34)	2.5%(1)	12.5%(5)
14.	Oxacillin	1	100%	-	-
15.	Penicillin-G	10	27.5%(11)	-	72.5%(29)
16.	Piperacillin/Tazobactum*	100/10	10%(4)	12.5%(5)	77.5%(31)
17.	Rifampicin	5	62.5%(25)	22.5%(9)	15%(6)
18.	Tetracycline	30	95%(38)	2.5%(1)	2.5%(1)
19.	Trimethoprim	5	47.5%(19)	40%(16)	12.5%(5)

**Table 1.** Susceptibility of the Isolates to antibiotics as per CLSI standards:

\*- No CLSI standards; interpretation was done on the basis of literature. (Cefazolin-Actor et al., 1974 and Piperacillin/Tazobactum-Abdulla et al., 2006)

S.No.	Isolate. No.	No.of antibiotics to which isolate is resistant(a)	MAR index=a/b	S.No.	Isolate. No.	No. of antibiotics to which isolate is resistant(a)	MAR index=a/b
1.	CK1	11	0.578	21	CK24	7	0.368
2.	CK2	12	0.631	22.	CK25	12	0.631
3.	CK3	9	0.473	23.	CK26	8	0.421
4.	CK4	8	0.421	24.	CK27	6	0.315
5.	CK6	13	0.684	25.	CK28	8	0.421
6.	CK7	12	0.631	26.	CK29	16	0.842
7.	CK8	9	0.473	27.	CK30	12	0.631
8.	CK9	11	0.578	28.	CK31	11	0.578
9.	CK10	12	0.631	29	CK32	11	0.578
10.	CK11	12	0.631	30.	CK33	8	0.421
11.	CK12	14	0.736	31.	CK34	10	0.526
12.	CK13	12	0.631	32.	CK35	13	0.684
13.	CK14	12	0.631	33.	CK36	12	0.631
14.	CK15	13	0.684	34.	CK37	13	0.684
15.	CK16	14	0.368	35.	CK38	11	0.578
16.	CK17	9	0.473	36.	CK39	7	0.368
17.	CK19	9	0.473	37.	CK40	7	0.368
18.	CK21	10	0.526	38.	CK43	8	0.421
19.	CK22	13	0.684	39.	CK45	13	0.684
20.	CK23	14	0.736	40.	CK46	12	0.631

NOTE: Total number of antibiotics to which isolates were subjected = 19 (b)

S.No.	MAR index	No. of isolates
1.	0.315	1
2.	0.368	4
3.	0.421	5
4.	0.473	3
5.	0.526	2
6.	0.578	5
7.	0.631	10
8.	0.684	6
9.	0.736	3
10.	0.842	1

 Table 2. MAR index values with No. of isolates

(2014) who reported MAR levels in Enterococcus from coastal water ranged from 0.25 to 0.87. All enterococcal isolates of cattle faeces origin showed an MAR index above 0.2 (water; 0.58 to 0.68 and faeces; 0.6 to 1) in a study conducted by Ramatlhape et al. (2006). This high range of MAR index among almost all isolates can be explained by the fact that poultry is the most commonly used food animal and use of antibiotics as growth promoters in these food animals lead to the emergence of resistance to multiple drugs. Multiple antibiotic resistance (MAR) in bacteria is most commonly associated with the presence of plasmids which contain one or more resistance genes, each encoding a single antibiotic resistance phenotype (Daini et al., 2005).

All these findings have implications for the choice of antibiotics for empiric management of infections and continuous supervision of antibiotic susceptibility patterns. It was speculated in this study that there could be a development of potential reservoirs of antibiotic resistance in poultry farms. In order to prevent the distribution of MAR organisms or their transferable resistance genes, a judicious use of antibiotics is necessary in veterinary medicine, animal husbandry and human medicine. High prevalence of multidrug resistance indicates a serious need for broad-based, local antimicrobial resistance surveillance and planning of effective interventions to reduce multidrug resistance in such pathogens. Bacterial strains resistant to most classes of antibiotics will continue to emerge unless inappropriate uses of drugs are curtailed and continuous education of infection control practices maintained.

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