

Genotypic and Phenotypic-Based Assessment of Antibiotic Resistance and Profile of Staphylococcal Cassette Chromosome *mec* in the Methicillin-Resistant *Staphylococcus aureus* Recovered from Raw Milk

This article was published in the following Dove Press journal:
Infection and Drug Resistance

Azar Rahi¹
Hamidreza Kazemeini²
Sedigheh Jafariaskari³
Ali Seif⁴
Sahar Hosseini⁵
Farhad Safarpour Dehkordi⁶

¹Department of Microbiology, Kazerun Branch, Islamic Azad University, Kazerun, Iran; ²Department of Food Hygiene, Faculty of Veterinary Medicine, Amol University of Special Modern Technologies, Amol, Iran; ³Department of Parasitology, Faculty of Veterinary Medicine, University of Tehran, Tehran, Iran; ⁴Doctor Veterinary Medicine, Faculty of Veterinary Medicine, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran; ⁵Master of Food Science and Technology, Faculty of Agriculture and Food Sciences, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran; ⁶Halal Research Center of IRI, FDA, Tehran, Iran

Background: Multidrug resistant methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria are determined to be one of the chief causes of foodborne diseases around the world.

Purpose: This research was done to assess the genotypic and phenotypic profiles of antibiotic resistance and distribution of *Staphylococcus* cassette chromosome *mec* (SCC*mec*) types amongst the MRSA bacteria recovered from raw milk.

Methods: Five-hundred and ninety raw milk samples were collected and examined. MRSA bacteria were recognized using susceptibility evaluation toward oxacillin and cefoxitin disks. Profile of antibiotic resistance genes and SCC*mec* types were determined using the PCR. Antibiotic resistance pattern of isolates was examined using the disk diffusion.

Results: Thirty-nine out of 590 raw milk samples (6.61%) were positive for *S. aureus*. Twenty-eight out of 39 (71.79%) bacteria were defined as MRSA bacteria. Raw buffalo (80%) milk samples had the maximum incidence of MRSA, while raw camel (33.33%) had the minimum. MRSA bacteria harbored the maximum incidence of resistance toward penicillin (100%), tetracycline (100%), erythromycin (82.14%), gentamicin (78.57%) and trimethoprim-sulfamethoxazole (78.57%). Incidence of resistance toward more than eight classes of antibiotic agents was 28.57%. The most frequently distinguished antibiotic resistance markers were *blaZ* (100%), *tetK* (85.71%), *dfiA1* (71.42%), *aacA-D* (67.85%), *ermA* (50%) and *gyrA* (42.85%). SCC*mec* IVa (29.62%), V (25%), III (14.81%) and IVb (11.11%) were the most frequently distinguished types.

Conclusion: Raw milk of dairy animals maybe sources of multidrug resistant MRSA which pose a hygienic threat concerning the consumption of raw milk in Iran. Nevertheless, further investigations are necessary to understand supplementary epidemiological features of MRSA in raw milk.

Keywords: methicillin-resistant *Staphylococcus aureus*, raw milk, antibiotic resistance mechanisms, SCC*mec* types

Introduction

Milk of animal species contains assortment of imperative dietary supplements including proteins, carbohydrate, fats, minerals and vitamins with boost advantageous effects for human life.¹ Therefore, their regular daily consumption has been

Correspondence: Hamidreza Kazemeini
Department of Food Hygiene, Faculty of Veterinary Medicine, Amol University of Special Modern Technologies, Amol, Iran
Email H.kazemeini@ausmt.ac.ir

extensively suggested. However, there is evidence that raw milk of animal species might contain different types of threatening foodborne pathogens.²⁻⁵

Most cases of foodborne outbreaks are associated with the consumption of food contaminated with foodborne bacterial pathogens,⁶⁻¹⁶ especially *Staphylococcus aureus* (*S. aureus*).¹⁷⁻²⁰ *S. aureus* is a bacterium of the Firmicutes family originating from the human nose and skin. *S. aureus* is considered one of the chief causes of hospital and community-acquired infections and foodborne diseases recognized by weakness, vomiting, nausea, abdominal cramps and toxic shock syndrome.¹⁷⁻²⁰

Foodborne *S. aureus* bacteria are typically associated with boost prevalence of antibiotic resistance.¹⁷⁻²⁰ Today, methicillin-resistant *S. aureus* (MRSA) has developed a significant issue in both health care units and the community.¹⁷⁻²⁰ Recognized data described that approximately 70% of *S. aureus* bacteria recovered from the health care units and the community were simultaneously resistant toward penicillins and cephalosporins.¹⁷⁻²¹ They are responsible for about 100,000 morbidity with near to 20% mortality per year in the United States.²¹ Higher pathogenicity of MRSA bacteria,¹⁷⁻²¹ their inclusive levels of resistance toward numerous kinds of antibiotic agents, especially penicillins, aminoglycosides, macrolides, tetracyclines and fluoroquinolones¹⁷⁻²¹ and their foodborne aspects¹⁷⁻²⁰ have amplified the clinical and microbial importance of MRSA in popularly consumed foodstuffs, particularly milk. Furthermore, foodstuffs containing MRSA bacteria are considered as imperative reservoirs of antibiotic resistance genes.¹⁷⁻²¹ Boost incidence of the genes encode resistance toward penicillins (*blaZ*), aminoglycosides (*aacA-D*), tetracyclines (*tetK* and *tetM*), macrolides (*ermA*, *ermB*, *msrA*, *msrB* and *mefA*), fluoroquinolones (*gyrA* and *grlA*), lincosamides (*linA*), folate inhibitors (*dfpAI*), phenicols (*cfp*), and ansamycins (*rpoB*) is one of the chief ways for occurrence of severe antibiotic resistance.¹⁷⁻²⁰

The *mecA* gene is another imperative antibiotic resistance marker responsible for resistance toward methicillin. It is associated with a 21- to 67-kb molecular element named staphylococcal chromosomal cassette *mec* (SCC*mec*)²² characterized by *mec* and the *ccr* genetic markers. SCC*mec* elements are characteristically divided into 11 different types based on to the positioning *ccr* and *mec* genes.²² SCC*mec* IV is additionally divided to IVa, IVb, IVc and IVd alleles.²² A mobile genetic element, SCC*mec*, plays an important role in staphylococci pathogenesis and occurrence of resistance toward penicillins.²²

MRSA bacteria have rarely been examined in raw milk to evaluate microbial security, sanitation circumstances through milking, and storage periods. Thus, the existing survey was done to investigate the incidence rate, antimicrobial resistance properties and distribution of SCC*mec* types of the MRSA bacteria recovered from raw bovine, ovine, caprine, buffalo, and camel milk samples in Iran.

Materials and Methods

Samples

A total of 590 raw milk samples including bovine (n=130), ovine (n=120), caprine (n=120), camel (n=110), and buffalo (n=110) were randomly collected during a one-year period (2016 to 2017) from the shopping centers of different parts of Iran. None of the milk samples were not packed. All samples were stored in a refrigerator. Samples of raw milk were distributed by milk carrying specific trucks to shopping centers. A total of 50 mL were collected from each raw milk sample using a sterile laboratory tubes. Samples were proximately transferred to laboratory using cool bags. All milk samples presented usual physical properties such as odor, consolidation and color.

Isolation and Identification of *S. aureus*

Twenty-five grams of each of the collected samples were blended with 225 mL of buffered peptone water (EMD Millipore, Billerica, MA, USA). At that time, solutions were homogenized using Stomacher (Interscience, Saint-Nom, France). At that point, 5 mL of the achieved solution was transferred into 50 mL trypticase soy broth (TSB; EMD Millipore) supplemented with 10% NaCl and 1% sodium pyruvate and incubated for 18 h at 35°C. At that moment, a loopful of the culture was transferred into Baird-Parker agar supplemented with egg yolk tellurite emulsion (EMD Millipore) and incubated at 37°C for about 24 h. Black shiny colonies enclosed with significant zones were identified using biochemical tests as introduced before.²³

Identification of Methicillin-Resistant *S. aureus* Bacteria

Antibiotic susceptibility tests were applied for this purpose. Susceptibility of *S. aureus* isolates were tested against cefoxitin (30 µg) and oxacillin (1 µg) antibiotic disks. Experiment was completed by the instructions of the Clinical and Laboratory Standards Institute (CLSI).²⁴

Confirmation of MRSA isolates were additionally performed using the PCR-based detection of *mecA* gene.²³

Antibiotic Susceptibility Test of MRSA Bacteria

Phenotypic pattern of antibiotic resistance of MRSA bacteria was investigated using the disk diffusion method on the Mueller–Hinton agar (EMD Millipore). Principles of CLSI were applied for this purpose.²⁵ Diverse kinds of antibiotic agents including aminoglycosides (amikacin (30 µg/disk) and gentamicin (10 µg/disk)), fluoroquinolones (levofloxacin (5 µg/disk) and ciprofloxacin (5 µg/disk)), lincosamides (clindamycin (2 µg/disk)), macrolides (erythromycin (15 µg/disk) and azithromycin (15 µg/disk)), penicillins (penicillin (10 µg/disk), tetracyclines (doxycycline (30 µg/disk) and tetracycline (30 µg/disk)), phenicol (chloramphenicol (30 µg/disk)), folate pathway inhibitors (trimethoprim-sulfamethoxazole (25 µg/disk)) and ansamycins (rifampin (5 µg/disk)) were applied for this goal (Oxoid, UK). Method was completed using the protocol labeled beforehand.^{23,25}

PCR-Based Amplification of Antibiotic Resistance Genes and SCC_{mec} Types in MRSA Bacteria

Table 1 reveals the set of primers and PCR circumstances applied for detection of genotyping pattern of antibiotic resistance and SCC_{mec} types.^{26–33} A programmable DNA thermo-cycler (Eppendorf Mastercycler 5330, Eppendorf-Nethel-Hinz GmbH, Hamburg, Germany) was applied for this goal.

Statistical Analysis

SPSS 21.0 statistical software (IBM Corporation, Armonk, NY, USA) was applied for arithmetical analysis of data. Significant relations between data achieved from different groups and parameters were analyzed using the chi-square d test and Fisher's exact two-tailed tests. *P* value <0.05 was determined as arithmetical significant level.

Results

Incidence of *S. aureus* and MRSA Bacteria

Table 2 signifies the distribution of *S. aureus* and MRSA bacteria in diverse kinds of raw milk samples. Thirty-nine out of 590 raw milk samples (6.61%) were positive for *S. aureus*. Raw buffalo (9.09%) and bovine (8.46%) milk samples had the maximum incidence of *S. aureus*, while

raw camel (2.72%) milk samples had the minimum. Twenty-eight out of 39 (71.79%) bacteria were defined as MRSA bacteria. Raw buffalo (80%) and ovine (77.77%) milk samples had the maximum prevalence of MRSA bacteria, while raw camel (33.33%) milk samples had the minimum. Arithmetical important difference was seen for the prevalence of MRSA bacteria between buffalo and camel (*P* <0.05) and bovine and camel (*P* <0.05) raw milk samples.

Antibiotic Resistance Pattern of MRSA Bacteria

Table 3 signifies the phenotypic pattern of antibiotic resistance of MRSA bacteria recovered from diverse kinds of raw milk samples. MRSA bacteria harbored the maximum incidence of resistance toward penicillin (100%), tetracycline (100%), erythromycin (82.14%), gentamicin (78.57%), trimethoprim-sulfamethoxazole (78.57%), and doxycycline (71.42%) antibiotic agents. MRSA bacteria exhibited lower incidence of resistance toward rifampin (14.28%), amikacin (17.85%), chloramphenicol (28.57%), azithromycin (32.14%), and levofloxacin (32.14%) antibiotic agents.

Prevalence of Multidrug Resistant MRSA Bacteria

Figure 1 signifies the incidence of resistance toward multiple groups of antibiotics. We found that all of the MRSA bacteria recovered from diverse kinds of raw milk samples had at least resistance toward four diverse classes of antibiotic agents, though incidence of resistance toward more than eight groups of antibiotics was 28.57%.

Distribution of Antibiotic Resistance Genes

Table 4 signifies the genotypic pattern of antibiotic resistance amongst the MRSA bacteria recovered from diverse kinds of raw milk samples. The most generally identified antibiotic resistance genes were *blaZ* (100%), *tetK* (85.71%), *dfrA1* (71.42%) and *aacA-D* (67.85%). Incidence of *ermA* and *gyrA* antibiotic resistance genes were 50% and 42.85%, respectively. Incidence of *msrB* (10.71%), *rpoB* (10.71%), *ermB* (25%), *cfr* (25%), *gla* (28.57%) and *linA* (28.57%) were lower than other identified resistance genes. Arithmetical important difference was seen between the incidence of *ermA* and *ermB* (*P* <0.05), *msrA* and *msrB* (*P* <0.05), *tetK* and *tetM* (*P* <0.05), and *gyrA* and *gla* (*P* <0.05) antibiotic resistance genes.

Table 1 Target Genes, Oligonucleotide Primers and PCR Conditions Used for Detection of Antibiotic Resistance Genes and SCCmec Types Amongst MRSA Bacteria Recovered from Raw Milk

Target Gene	Primer Sequence (5'-3')	PCR Product (bp)	PCR Programs	PCR Volume (50 µL)
<i>aacA-D</i>	F: TAATCCAAGAGCAATAAGGGC R: GCCACACTATCATAACCACTA	227	1 cycle: 94°C ——— 5 min	5 µL PCR buffer 10X 1.5 mM MgCl ₂ 200 µM dNTP (Fermentas) 0.5 µM of each primers F & R 1.25 U Taq DNA polymerase (Fermentas) 2.5 µL DNA template
<i>ermA</i>	F: AAGCGGTAAACCCCTCTGA R: TTCGCAAATCCCTTCTCAAC	190	25 cycles: 94°C ——— 60 s 55°C ——— 70 s	
<i>tetK</i>	F: GTAGCGACAATAGGTAATAGT R: GTAGTGACAATAAACCTCCTA	360	72°C ——— 60 s	
<i>ermB</i>	F: CCGTTTACGAAATTGGAACAGGTAAAGGGC R: GAATCGAGACTTGAGTGTGC	359	1 cycle: 72°C ——— 10 min	
<i>mefA</i>	F: ACTATCATTAATCACTAGTGC R: TTCTTCTGGTACTAAAAGTGG	346		
<i>grlA</i>	F: ACTTGAAGATGTTTTAGGTGAT R: TTAGGAAATCTTGATGGCAA	618		
<i>tetM</i>	F: AGTGGAGCGATTACAGAA R: CATATGTCCTGGCGTGTCTA	158	1 cycle: 94°C ——— 6 min.	5 µL PCR buffer 10X 2 mM MgCl ₂ 200 µM dNTP (Fermentas) 0.5 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 5 µL DNA template
<i>gyrA</i>	F: AGTACATCGTCGTACTATATGG R: ATCACGTAACAGTTCAAGTGTG	280	34 cycles: 95°C ——— 50 s 55°C ——— 70 s 72°C ——— 60 s	
			1 cycle: 72°C ——— 8 min	
<i>msrA</i>	F: GGCACAATAAGAGTGTTTAAAGG R: AAGTTATATCATGAATAGATTGTCCTGTT	940	1 cycle: 94°C ——— 6 min.	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
<i>msrB</i>	F: TATGATATCCATAATAATTATCCAATC R: AAGTTATATCATGAATAGATTGTCCTGTT	595	34 cycles: 95°C ——— 60 s 50°C ——— 70 s	
<i>dfpA1</i>	F: CTCACGATAAAACAAAGAGTCA R: CAATCATTGCTTCGTATAACG	201	72°C ——— 70 s 1 cycle: 72°C ——— 8 min	
<i>linA</i>	F: GGTGGCTGGGGGTAGATGTATTAAGTGG R: GCTTCTTTTGAATACATGGTATTTTTCGA	323	1 cycle: 94°C ——— 6 min. 30 cycles: 95°C ——— 60 s 57°C ——— 60 s 72°C ——— 60 s	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
			1 cycle: 72°C ——— 10 min	
<i>blaZ</i>	F: TGAACCGTATGTTAGTGC R: GTCGTGTTAGCGTTGATA	681	1 cycle: 94°C ——— 6 min 30 cycles: 95°C ——— 60 s 59°C ——— 60 s 72°C ——— 60 s	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
			1 cycle: 72°C ——— 10 min	

(Continued)

Table I (Continued).

Target Gene	Primer Sequence (5'-3')	PCR Product (bp)	PCR Programs	PCR Volume (50 µL)
<i>cfi</i>	F: TGAAGTATAAAGCAGGTTGGGAGTCA R: ACCATATAATTGACCACAAGCAGC	746	1 cycle: 94°C — 1 min. 34 cycles: 94°C — 2 min 48°C — 60 s 72°C — 3 min 1 cycle: 72°C — 10 min	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
<i>rpoB</i>	F: ACCGTCGTTACGTTCTGTA R: TCAGTGATAGCATGTGTATC	460	1 cycle: 94°C — 5 min 40 cycles: 94°C — 40 s 45.5°C — 40 s 72°C — 90 s 1 cycle: 72°C — 8 min	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
SCC <i>mecI</i>	F: GCTTTAAAGAGTGTCGTTACAGG R: GTTCTCTCATAGTATGACGTCC	613	1 cycle: 94°C — 5 min	5 µL PCR buffer 10X 2 mM MgCl ₂ 150 µM dNTP (Fermentas) 0.75 µM of each primers F & R 1.5 U Taq DNA polymerase (Fermentas) 3 µL DNA template
SCC <i>mecII</i>	F: CGTTGAAGATGATGAAGCG R: CGAAATCAATGGTTAATGGACC	398	35 cycles: 94°C — 45 s 65°C — 45 s	
SCC <i>mecIII</i>	F: CCATATTGTGTACGATGCG R: CCTAGTTGTGCGTAACAGATCG	280	72°C — 90 s 1 cycle: 72°C — 10 min	
SCC <i>mecIVa</i>	F: GCCTTATTCGAAGAAACCG R: CTACTCTTCTGAAAAGCGTGG	776		
SCC <i>mecIVb</i>	F: TCTGGAATTACTTCAGCTGC R: AAACAATATTGCTCTCCCTC	493		
SCC <i>mecIVc</i>	F: ACAATATTTGTATTATCGGAGAGC R: TTGGTATGAGGTATTGCTGG	200		
SCC <i>mecIVd</i>	F: CTCAAAATACGGACCCCAATACA R: TGCTCCAGTAATTGCTAAAG	881		
SCC <i>mecV</i>	F: GAACATTGTTACTTAAATGAGCG R: TGAAAGTTGATACCCTTGACACC	325		

Note: Fermentas is part of Thermo Fisher Scientific, Waltham, MA, USA.

Distribution of SCC*mec* Types

Table 5 signifies the incidence of SCC*mec* types amongst the MRSA bacteria recovered from diverse kinds of raw milk samples. SCC*mec* IVa (29.62%), V (25%), III (14.81%) and IVb (11.11%) were the most routinely identified kinds amongst the MRSA bacteria. Incidence of SCC*mec* IVd (3.70%) and II (3.70%) was low. Arithmetical important difference was seen between the incidence of SCC*mec* types IVa and II ($P < 0.05$), IVa and IVd ($P < 0.05$), V and II ($P < 0.05$) and V and IVd ($P < 0.05$).

Discussion

Prior to the 1990s, the majority of MRSA bacteria were hospital-associated (HA-MRSA) strains. Then, community-associated MRSA (CA-MRSA) prompted to occur infections outside the health-care and/or hospital environments. Recorded surveys revealed the occurrence of livestock-associated MRSA (LA-MRSA) in animals and/or livestock fields. The extensive developments in LA-MRSA and CA-MRSA have elevated the query as to whether MRSA is certainly a foodborne microbe.³⁴ Furthermore, surveys on

Table 2 Total Prevalence of *S. aureus* and MRSA Bacteria in Different Types of Raw Milk

Types of Samples		Samples Collected n	<i>S. aureus</i> Positive Samples n (%)	MRSA Positive Samples n (%)
Raw milk	Bovine	130	11 (8.46)	8 (72.723)
	Ovine	120	9 (7.50)	7 (77.77)
	Caprine	120	6 (5)	4 (66.66)
	Camel	110	3 (2.72)	1 (33.33)
	Buffalo	110	10 (9.09)	8 (80)
	Total	590	39 (6.61)	28 (71.79)

MRSA are interesting due to their considerable prevalence in diverse kinds of foodstuffs.³⁴

Findings of the existing investigation revealed that the contamination rate of milk samples was 4.74% (28/590). Incidence of the MRSA in raw milk samples in our survey was lower than those of Italy (20%)³⁵ and Turkey (17%),³⁶ while it was higher than those of England (2.30%)³⁷ and Germany (2.30%).³⁸ Investigations conducted in the US along with other countries, including North America, Canada, Africa, Asia and Europe, have recovered MRSA mostly from dissimilar kinds of food and dairy samples.^{34,39} Some dairy animals are the main sources of MRSA bacteria. The possibility of primary presence of MRSA bacteria in raw milk samples due to the occurrence of sub-clinical mastitis in dairy animals and thus their transmission to raw milk, the opportunity of transmission of multidrug resistant MRSA from the milking halls, and also infected staff into the raw milk are the most important probable reasons for presence of MRSA bacteria.

Irregular and unauthorized prescription of antibiotics are the probable reasons for high prevalence of antibiotic resistance in the current survey. Additionally, boost incidence of antibiotic resistance was attended with boost incidence of specific antibiotic resistance genes. Furthermore, our findings showed that some of the MRSA bacteria exhibited higher incidence of resistance toward antibiotics used for human beings which can indirectly show their anthropogenic source. Conversely, some others exhibited higher incidence of resistance toward antibiotics used for animals which can circuitously demonstrate their animal origins. This conclusion was comparable with those of Hasanpour Dehkordi et al¹⁷ and Safarpour Dehkordi et al²⁰ which were both conducted on Iranian food samples. Comparable resistance of MRSA recovered from dissimilar kinds of foodstuffs and clinical specimens have also

been determined toward aminoglycosides,^{19,20,40–43} cepheids,^{19,20,40–42} penicillins,^{19,20,40–42} macrolides,^{19,20,40–42} tetracyclines,^{19,20,40,41} fluoroquinolones,^{19,20,40–43} lincosamides,^{19,20,40–42} folate inhibitors,^{19,20,40–43} phenicols^{19,20,40,41} and ansamycins^{19,20,40,41} antibiotic agents. Fowoyo and Ogunbanwo⁴⁴ revealed that the *S. aureus* bacteria recovered from ready-to-eat foodstuffs exhibited the boost incidence of resistance toward trimethoprim–sulfamethoxazole (74.90%), ampicillin (86.70%), cefotaxime (3.50%), amoxicillin–clavulanic acid (52.50%), ciprofloxacin (23.90%), oxacillin (35.70%), gentamicin (11.40%), erythromycin (15.70%), and ofloxacin (7.10%) which was relatively similar to our findings. Boost incidence of resistance toward chloramphenicol (28.57%) maybe due to its unlawful and unselective prescription especially in veterinary medicine. Akanbi et al⁴⁵ reported that *blaZ*, *mecA*, *rpoB*, *ermB* and *tetM* were the most generally identified antibiotic resistance genes amongst the *S. aureus* bacteria recovered from food samples in South Africa which was relatively similar to our findings. Similar to our findings, high distribution of *mecA*, *gyrA*, *grrA* and *cfr* was also described in the *S. aureus* bacteria recovered from chicken meat in Egypt.⁴⁶ Another Iranian investigation⁴⁷ showed that oxacillin, gentamicin, penicillin, tetracycline and erythromycin resistant *S. aureus* bacteria recovered from milk and dairy products carried considerable incidence of *blaZ*, *aacA-aphD*, *mecA*, *tetK* and *tetM*, *ermB*, *ermA*, *ermT*, *ermC*, *msrB* and *msrA* antibiotic resistance markers likewise to our survey.

Assess the distribution of SCCmec types is a practical method to find presence of HA-MRSA and CA-MRSA bacteria. Findings of epidemiological investigations revealed that presence of SCCmec types I, II and III indirectly showed occurrence of HA-MRSA bacteria, while presence of IV and V types represented the occurrence of CA-MRSA bacteria.^{48,49} Our findings showed that all of the SCCmec types had diverse distribution in the MRSA bacteria recovered from raw milk samples which may have assumed the presence of both HA and CA-MRSA bacteria. Moreover, SCCmec types IVa (29.62%) and V (25%) had the highest distribution amongst all studied elements. This finding may assume that most of the MRSA bacteria were probably originated from milk of infected animals. In keeping with this, SCCmec type III had also considerable prevalence (14.81%) which may assume that some of the MRSA bacteria had hospital or health-care origin and were probably transmitted from the contaminated workers

Table 3 Antibiotic Resistance Pattern of the MRSA Bacteria Recovered from Raw Milk Samples

Type of Raw Milk Samples (N of MRSA Bacteria)	Isolates Resistant to Each Antibiotic n (%)													
	Penicillins		Aminoglycosides		Macrolides		Tetracyclines		Fluoroquinolones		Lincosamides	Folate Inhibitors	Phenicol	Ansamycins
	P10	Gen	Amk	Azi	Ert	Tet	Dox	Cip	Lev	Clin	Tr-Sul	C30	Rif	
Bovine (8)	8 (100)	7 (87.50)	2 (25)	3 (37.50)	7 (87.50)	8 (100)	6 (75)	3 (37.50)	2 (25)	3 (37.50)	8 (100)	3 (37.50)	1 (12.50)	
Ovine (7)	7 (100)	5 (71.42)	1 (14.28)	2 (28.57)	5 (71.42)	7 (100)	4 (57.14)	2 (28.57)	2 (28.57)	2 (28.57)	5 (71.42)	2 (28.57)	—	
Caprine (4)	4 (100)	3 (75)	—	1 (25)	3 (75)	4 (100)	3 (75)	1 (25)	1 (25)	1 (25)	3 (75)	1 (25)	1 (25)	
Camel (1)	1 (100)	—	—	—	—	1 (100)	—	—	—	—	—	—	—	
Buffalo (8)	8 (100)	7 (87.50)	2 (25)	3 (37.50)	8 (100)	8 (100)	7 (87.50)	4 (50)	4 (50)	4 (50)	6 (75)	2 (25)	2 (25)	
Total (28)	28 (100)	22 (78.57)	5 (17.85)	9 (32.14)	23 (82.14)	28 (100)	20 (71.42)	10 (35.71)	9 (32.14)	12 (42.85)	22 (78.57)	8 (28.57)	4 (14.28)	

Abbreviations: P10, penicillin (10 µg/disk); Gen, gentamicin (10 µg/disk); Amk, amikacin (30 µg/disk); Azi, azithromycin (15 µg/disk); Ert, erythromycin (15 µg/disk); Tet, tetracycline (30 µg/disk); Do, doxycycline (30 µg/disk); Cip, ciprofloxacin (5 µg/disk); Lev, levofloxacin (5 µg/disk); Clin, clindamycin (2 µg/disk); Tr-Sul, trimethoprim-sulfamethoxazole (25 µg/disk); C30, chloramphenicol (30 µg/disk); Rif, rifampin (5 µg/disk).

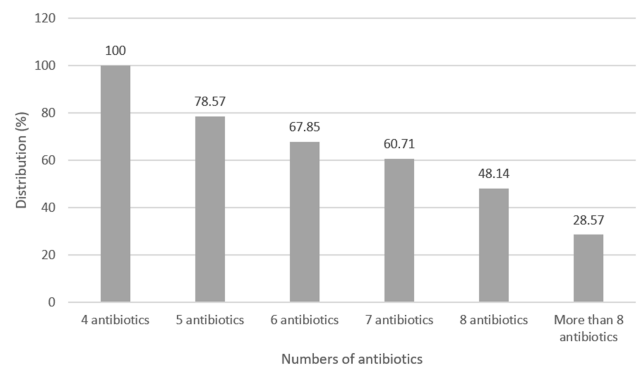


Figure 1 Distribution of multidrug resistant MRSA bacteria recovered from different types of raw milk. Multidrug resistant MRSA bacteria were determined as those who had at least simultaneous resistance toward three or more than three types of antibiotics.

of the milking halls. Johnson⁵⁰ reported similar results for the boost incidence of SCCmec IV in retail meat samples. In a survey which was carried out by Vossenkühl et al⁵¹ most of MRSA bacteria recovered from turkey meat samples carried SCCmec V (58.10–71.90%) and IVa (19–27.0%). Type III (0–1.2%) was detected periodically which was comparable to our findings. Zhang et al⁵² reported a the high prevalence of SCCmec III in their food samples. Boost incidence of SCCmec types IVa and V in food samples with animal origin has also been reported previously.^{38,53,54}

Conclusions

By and large, we recognized boost incidence of *S. aureus* and MRSA bacteria in bovine, camel, caprine, ovine, and buffalo milk samples on top of boost incidence of genotypic and phenotypic profiles of antibiotic resistance and SCCmec types. The existing survey is the first report of the genotypic evaluation of antibiotic resistance and SCCmec typing of the MRSA bacteria in raw buffalo and camel milk samples. High prevalence of MRSA bacteria and substantial incidence of resistance toward erythromycin, penicillin, gentamicin, tetracycline, trimethoprim-sulfamethoxazole and doxycycline antibiotic agents and *blaZ*, *tetK*, *dfrA1*, *aacA-D* *ermA* and *gyrA* antibiotic resistant genes may pose a possible menace regarding the consumption of raw milk samples in Iran. Presence of multidrug resistant MRSA bacteria may show indiscriminate and unauthorized prescription of antibiotic agents in Iranian dairy animal farms. Most of MRSA bacteria harbored SCCmec types IV and V which may have assumed their possible community-acquired origins. However, some of the MRSA bacteria harbored SCCmec types I, II, and III which may assume their

Table 4 Distribution of Antibiotic Resistance Genes Amongst the MRSA Bacteria Recovered from Raw Milk

Type of Raw Milk Samples (N of MRSA Bacteria)	Isolates Harbor Each Gene n (%)															
	Penicillins		Aminoglycosides		Macrolides				Tetracyclines		Fluoroquinolones		Lincosamides	Folate Inhibitors	Phenicol	Ansamycins
	<i>blaZ</i>	<i>aacA-D</i>	<i>ermA</i>	<i>ermB</i>	<i>msrA</i>	<i>msrB</i>	<i>mefA</i>	<i>tetK</i>	<i>tetM</i>	<i>gyrA</i>	<i>grxA</i>	<i>linA</i>	<i>dfrAI</i>	<i>cfr</i>	<i>rpoB</i>	
Bovine (8)	8 (100)	6 (75)	4 (50)	2 (25)	3 (37.50)	1 (12.50)	3 (37.50)	7 (87.50)	3 (37.50)	5 (62.50)	3 (37.50)	2 (25)	7 (87.50)	2 (25)	1 (12.50)	
Ovine (7)	7 (100)	5 (71.42)	3 (42.85)	2 (28.57)	3 (42.85)	1 (14.28)	1 (14.28)	6 (85.71)	2 (28.57)	2 (28.57)	1 (14.28)	2 (28.57)	5 (71.42)	2 (28.57)	-	
Caprine (4)	4 (100)	2 (50)	2 (50)	1 (25)	1 (25)	-	2 (50)	3 (75)	1 (25)	1 (25)	1 (25)	1 (25)	2 (50)	1 (25)	1 (25)	
Camel (1)	1 (100)	-	-	-	-	-	1 (100)	-	-	-	-	-	-	-	-	
Buffalo (8)	8 (100)	6 (75)	5 (62.50)	2 (25)	3 (37.50)	1 (12.50)	4 (50)	7 (87.50)	4 (50)	4 (50)	3 (37.50)	6 (75)	6 (75)	2 (25)	1 (12.50)	
Total (28)	28 (100)	19 (67.85)	14 (50)	7 (25)	10 (35.71)	3 (10.71)	10 (35.71)	24 (85.71)	10 (35.71)	12 (42.85)	8 (28.57)	20 (71.42)	20 (71.42)	7 (25)	3 (10.71)	

Table 5 Distribution of SCCmec Types Amongst the MRSA Bacteria Recovered from Raw Milk

Type of Raw Milk Samples (N of MRSA Bacteria)	Isolates Harbor Each SCCmec Type n (%)									
	I	II	III	IV		V				
				a	b	c	d			
Bovine (8)	1 (12.50)	-	2 (25)	3 (37.50)	1 (12.50)	-	-	1 (12.50)		
Ovine (7)	-	-	1 (14.28)	1 (14.28)	1 (14.28)	1 (14.28)	1 (14.28)	2 (28.57)		
Caprine (4)	-	-	-	1 (25)	1 (25)	1 (25)	-	1 (25)		
Camel (1)	-	1 (100)	-	-	-	-	-	-		
Buffalo (8)	1 (12.50)	-	1 (12.50)	3 (37.50)	-	-	-	3 (37.50)		
Total (28)	2 (7.40)	1 (3.70)	4 (14.81)	8 (29.62)	3 (11.11)	2 (7.40)	1 (3.70)	7 (25)		

possible health care or hospital origins. Incidence of resistance toward human-based and also animal-based antibiotics can indirectly show the origin of MRSA bacteria. Ample boiling of raw milk beforehand consumption and prevention from cross-contamination can diminish the risk of virulent and resistant MRSA bacteria. However, supplementary surveys are necessary to comprehend more advanced epidemiological features of the MRSA bacteria in raw milk of dairy animal species.

Ethical Criteria

The contemporary survey was accepted by the ethical research committee of the Department of Food Hygiene, Faculty of Veterinary Medicine, Amol University of Special Modern Technologies, Amol, Iran.

Acknowledgments

Authors would like to thank Dr. Behsan Hemmatinezhad and Dr. Manoochehr Moumeni Sharaki for their clinical supports. Authors would also thank from Dr. Moshtaba Masoodimanesh for his imperative support in laboratory examinations.

Disclosure

The authors report no conflicts of interest in this work.

References

- Watson RR, Collier RJ, Preedy VR. *Nutrients in Dairy and Their Implications for Health and Disease*. Elsevier Academic Press; 2017.
- Momtaz H, Safarpour Dehkordi F, Taktaz T, Rezvani A, Yarali S. Shiga toxin-producing *Escherichia coli* isolated from bovine mastitic milk: serogroups, virulence factors, and antibiotic resistance properties. *Sci World J*. 2012;2012. doi:10.1100/2012/618709
- Ranjbar R, Dehkordi FS, Shahreza MHS, Rahimi E. Prevalence, identification of virulence factors, O-serogroups and antibiotic resistance properties of Shiga-toxin producing *Escherichia coli* bacteria isolated from raw milk and traditional dairy products. *Antimicrob Resist Infect Control*. 2018;7(1):53. doi:10.1186/s13756-018-0345-x
- Safarpour Dehkordi F, Barati S, Momtaz H, Hosseini Ahari SN, Nejat Dehkordi S. Comparison of shedding, and antibiotic resistance properties of *Listeria monocytogenes* isolated from milk, feces, urine, and vaginal secretion of bovine, ovine, caprine, buffalo, and camel species in Iran. *Jundishapur J Microbiol*. 2013;6(3):284–294. doi:10.5812/jjm.6616
- Safarpour Dehkordi F, Valizadeh Y, Birgani T, Dehkordi K. Prevalence study of *Brucella melitensis* and *Brucella abortus* in cow's milk using dot enzyme linked immuno sorbent assay and duplex polymerase chain reaction. *J Pure Appl Microbiol*. 2014;8:1065–1069.
- Hemmatinezhad B, Khamesipour F, Mohammadi M, Safarpour Dehkordi F, Mashak Z. Microbiological investigation of O-Serogroups, virulence factors and antimicrobial resistance properties of Shiga Toxin-producing *Escherichia coli* isolated from Ostrich, Turkey and Quail meats. *J Food Safte*. 2015;35(4):491–500. doi:10.1111/jfs.12199
- Atapoor S, Dehkordi FS, Rahimi E. Detection of *Helicobacter pylori* in various types of vegetables and salads. *Jundishapur J Microbiol*. 2014;7(5):e10013. doi:10.5812/jjm.10013
- Safarpour Dehkordi F, Parsaei P, Saberian S, et al. Prevalence study of *Theileria annulata* by comparison of four diagnostic t. *Bulgar J Vet Med*. 2012;15:2.
- Rahimi E, Sepehri S, Dehkordi FS, Shaygan S, Momtaz H. Prevalence of *Yersinia* species in traditional and commercial dairy products in Isfahan Province, Iran. *Jundishapur J Microbiol*. 2014;7:4. doi:10.5812/jjm.9249
- Momtaz H, Davood Rahimian M, Safarpour Dehkordi F. Identification and characterization of *Yersinia enterocolitica* isolated from raw chicken meat based on molecular and biological techniques. *J Appl Poult Res*. 2013;22(1):137–145. doi:10.3382/japr.2012-00549
- Ghorbani F, Gheisari E, Dehkordi FS. Genotyping of *vacA* alleles of *Helicobacter pylori* bacteria isolated from some Iranian food items. *Trop J Pharm Res*. 2016;15(8):1631–1636. doi:10.4314/tjpr.v15i8.5
- Safarpour Dehkordi F, Khamesipour F, Momeni M. *Brucella abortus* and *Brucella melitensis* in Iranian bovine and buffalo semen samples: the first clinical trial on seasonal, senile and geographical distribution using culture, conventional and real-time polymerase chain reaction assays. *Kafkas Uni Vet Fak Derg*. 2014;20(6):821–828. doi:10.9775/kvfd.2014.10827
- Safarpour Dehkordi F, Haghghi N, Momtaz H, Rafsanjani MS, Momeni M. Conventional vs real-time PCR for detection of bovine herpes virus type 1 in aborted bovine, buffalo and camel foetuses. *Bulgar J Vet Med*. 2013;16(2):102–111.
- Nejat S, Momtaz H, Yadegari M, Nejat S, Safarpour Dehkordi F, Khamesipour F. Seasonal, geographical, age and breed distributions of equine viral arteritis in Iran. *Kafkas Univ Vet Fak Derg*. 2015;21(1):111–116. doi:10.9775/kvfd.2014.11934
- Rahimi E, Yazdanpour S, Dehkordi F. Detection of *Toxoplasma gondii* antibodies in various poultry meat samples using enzyme linked immuno sorbent assay and its confirmation by polymerase chain reaction. *J Pure Appl Microbiol*. 2014;8(1):421–427.
- Ranjbar R, Masoodimanesh M, Dehkordi FS, Jonaidi-Jafari N, Rahimi E. Shiga (Vero)-toxin producing *Escherichia coli* isolated from the hospital foods; virulence factors, o-serogroups and antimicrobial resistance properties. *Antimicrob Resist Infect Control*. 2017;6(1):4. doi:10.1186/s13756-016-0163-y
- Hasanpour Dehkordi A, Khaji L, Sakhaei Shahreza M, et al. One-year prevalence of antimicrobial susceptibility pattern of methicillin-resistant *Staphylococcus aureus* isolated from raw meat. *Trop Biomed*. 2017;34(2):396–404.
- Madahi H, Rostami F, Rahimi E, Dehkordi FS. Prevalence of enterotoxigenic *Staphylococcus aureus* isolated from chicken nugget in Iran. *Jundishapur J Microbiol*. 2014;7:8. doi:10.5812/jjm.10237
- Momtaz H, Dehkordi FS, Rahimi E, Asgarifar A, Momeni M. Virulence genes and antimicrobial resistance profiles of *Staphylococcus aureus* isolated from chicken meat in Isfahan province, Iran. *J Appl Poult Res*. 2013;22(4):913–921. doi:10.3382/japr.2012-00673
- Safarpour Dehkordi F, Gandomi H, Akhondzadeh Basti A, Misaghi A, Rahimi E. Genotypic and phenotypic characterization of antibiotic resistance of methicillin-resistant *Staphylococcus aureus* isolated from hospital food. *Antimicrob Resist Infect Control*. 2017;6(1):104. doi:10.1186/s13756-017-0257-1
- Klevens RM, Morrison MA, Nadle J, et al. Invasive methicillin-resistant *Staphylococcus aureus* infections in the United States. *J Am Med Assoc*. 2007;298(15):1763–1771. doi:10.1001/jama.298.15.1763
- Liu J, Chen D, Peters BM, et al. Staphylococcal chromosomal cassettes *mec* (SCC*mec*): a mobile genetic element in methicillin-resistant *Staphylococcus aureus*. *Microb Pathog*. 2016;101:56–67. doi:10.1016/j.micpath.2016.10.028
- Fijałkowski K, Peitler D, Karakulska J. *Staphylococci* isolated from ready-to-eat meat—identification, antibiotic resistance and toxin gene profile. *Int J Food Microbiol*. 2016;238:113–120. doi:10.1016/j.ijfoodmicro.2016.09

24. CLSI. *Performance standards for antimicrobial susceptibility testing*. 17th Informational Supplement. CLSI document M100-S17. Wayne: Clinical and Laboratory Standards Institute; 2007.
25. CLSI. *Performance standards for antimicrobial susceptibility testing*. Twenty-Fifth Informational Supplement. CLSI document M100-S25. Wayne: Clinical and Laboratory Standards Institute; 2015.
26. Lina G, Quaglia A, Reverdy M-E, Leclercq R, Vandenesch F, Etienne J. Distribution of genes encoding resistance to macrolides, lincosamides, and streptogramins among staphylococci. *Antimicrob Agent Chemother*. 1999;43(5):1062–1066. doi:10.1128/AAC.43.5.1062
27. Strommenger B, Kettlitz C, Werner G, Witte W. Multiplex PCR assay for simultaneous detection of nine clinically relevant antibiotic resistance genes in *Staphylococcus aureus*. *J Clin Microbiol*. 2003;41(9):4089–4094. doi:10.1128/jcm.41.9.4089-4094.2003
28. Aboshkiwa M, Rowland G, Coleman G. Nucleotide sequence of the *Staphylococcus aureus* RNA polymerase *rpoB* gene and comparison of its predicted amino acid sequence with those of other bacteria. *Biochim Biophys Acta*. 1995;1262(1):73–78. doi:10.1016/0167-4781(95)00054-k
29. Schmitz F-J, Jones ME, Hofmann B, et al. Characterization of *griA*, *griB*, *gyrA*, and *gyrB* mutations in 116 unrelated isolates of *Staphylococcus aureus* and effects of mutations on ciprofloxacin MIC. *Antimicrob Agent Chemother*. 1998;42(5):1249–1252. doi:10.1128/AAC.42.5.1249
30. Roberts MC, Sutcliffe J, Courvalin P, Jensen LB, Rood J, Seppala H. Nomenclature for macrolide and macrolide-lincosamide-streptogramin B resistance determinants. *Antimicrob Agent Chemother*. 1999;43(12):2823–2830. doi:10.1128/AAC.43.12.2823
31. Tang J, Zhang R, Chen J, et al. Incidence and characterization of *Staphylococcus aureus* bacteria isolated from food markets. *Ann Microbiol*. 2015;65(1):279–286. doi:10.1007/s13213-014-0859-2
32. Kehrenberg C, Schwarz S. Distribution of florfenicol resistance genes *fxa* and *cf* among chloramphenicol-resistant *Staphylococcus aureus* isolates. *Antimicrob Agent Chemother*. 2006;50(4):1156–1163. doi:10.1128/AAC.50.4.1156-1163.2006
33. Shittu AO, Okon K, Adesida S, et al. Antibiotic resistance and molecular epidemiology of *Staphylococcus aureus* in Nigeria. *BMC Microbiol*. 2011;11(1):92. doi:10.1186/1471-2180-11-92
34. Wendlandt S, Schwarz S, Silley P. Methicillin-resistant *Staphylococcus aureus*: a food-borne pathogen? *Ann Rev Food Sci Technol*. 2013;4:117–139. doi:10.1146/annurev-food-030212-182653
35. Riva A, Borghi E, Cirasola D, et al. Methicillin-resistant *Staphylococcus aureus* in raw milk: prevalence, SCC mec typing, enterotoxin characterization, and antimicrobial resistance patterns. *J Food Prot*. 2015;78(6):1142–1146. doi:10.4315/0362-028X.JFP-14-531
36. Paterson G, Morgan F, Harrison E, et al. Prevalence and characterization of human mecC methicillin-resistant *Staphylococcus aureus* isolates in England. *J Antimicrob Chemother*. 2013;69(4):907–910. doi:10.1093/jac/dkt462
37. Türkyılmaz S, Tekbiyik S, Oryasin E, Bozdoğan B. Molecular epidemiology and antimicrobial resistance mechanisms of methicillin-resistant *Staphylococcus aureus* isolated from bovine milk. *Zoonoses Publ Health*. 2010;57(3):197–203. doi:10.1111/j.1863-2378.2009.01257.x
38. Kreausukon K, Fetsch A, Kraushaar B, et al. Prevalence, antimicrobial resistance, and molecular characterization of methicillin-resistant *Staphylococcus aureus* from bulk tank milk of dairy herds. *J Dairy Sci*. 2012;95(8):4382–4388. doi:10.3168/jds.2011-5198
39. Sergelidis D, Angelidis A. Methicillin-resistant *Staphylococcus aureus*: a controversial food-borne pathogen. *Lett Appl Microbiol*. 2017;64(6):409–418. doi:10.1111/lam.12735
40. Paludi D, Vergara A, Festino AR, et al. Antimicrobial resistance pattern of methicillin-resistant *Staphylococcus aureus* in the food industry. *J Bio Reg Homeostatic Agent*. 2011;25(4):671.
41. Sallam KI, Abd-Elghany SM, Elhadidy M, Tamura T. Molecular characterization and antimicrobial resistance profile of methicillin-resistant *Staphylococcus aureus* in retail chicken. *J Food Prot*. 2015;78(10):1879–1884. doi:10.4315/0362-028X.JFP-15-150
42. Jackson CR, Davis JA, Barrett JB. Prevalence and characterization of methicillin-resistant *Staphylococcus aureus* isolates from retail meat and humans in Georgia. *J Clin Microbiol*. 2013;51(4):1199–1207. doi:10.1128/JCM.03166-12
43. Daka D, Yihdego D. Antibiotic-resistance *Staphylococcus aureus* isolated from cow's milk in the Hawassa area, South Ethiopia. *Ann Clin Microbiol Antimicrob*. 2012;11(1):26. doi:10.1186/1476-0711-11-26
44. Fowoyo P, Ogunbanwo S. Antimicrobial resistance in coagulase-negative staphylococci from Nigerian traditional fermented foods. *Ann Clin Microbiol Antimicrob*. 2017;16(1):4. doi:10.1186/s12941-017-0181-5
45. Akanbi OE, Njom HA, Fri J, Otigbu AC, Clarke AM. Antimicrobial susceptibility of *Staphylococcus aureus* isolated from Recreational waters and beach sand in Eastern Cape province of south Africa. *Int J Environ Res Publ Health*. 2017;14(9):1001. doi:10.3390/ijerph14091001
46. Osman K, Badr J, Al-Maary KS, et al. Prevalence of the antibiotic resistance genes in coagulase-positive-and negative-staphylococcus in chicken meat retailed to consumers. *Front Microbiol*. 2016;7:1846. doi:10.3389/fmicb.2016.01846
47. Jamali H, Paydar M, Radmehr B, Ismail S, Dadrasnia A. Prevalence and antimicrobial resistance of *Staphylococcus aureus* isolated from raw milk and dairy products. *Food Control*. 2015;54:383–388. doi:10.1016/j.foodcont.2015.02.013
48. David MZ, Cadilla A, Boyle-Vavra S, Daum RS. Replacement of HA-MRSA by CA-MRSA infections at an academic medical center in the midwestern United States, 2004–5 to 2008. *PLoS One*. 2014;9(4):e92760. doi:10.1371/journal.pone.0092760
49. Valsesia G, Rossi M, Bertschy S, Pfyffer GE. Emergence of SCCmec type IV and SCCmec type V methicillin-resistant *Staphylococcus aureus* containing the Panton-Valentine leukocidin genes in a large academic teaching hospital in central Switzerland: external invaders or persisting circulators? *J Clin Microbiol*. 2010;48(3):720–727. doi:10.1128/JCM.01890-09
50. Johnson AP. Methicillin-resistant *Staphylococcus aureus*: the European landscape. *J Antimicrob Chemother*. 2011;66(suppl_4):iv43–iv48. doi:10.1093/jac/dkr07
51. Vossenkuhl B, Brandt J, Fetsch A, et al. Comparison of spa types, SCCmec types and antimicrobial resistance profiles of MRSA isolated from turkeys at farm, slaughter and from retail meat indicates transmission along the production chain. *PLoS One*. 2014;9(5):e96308. doi:10.1371/journal.pone.0096308
52. Zhang K, McClure J-A, Elsayed S, Louie T, Conly JM. Novel multiplex PCR assay for characterization and concomitant subtyping of staphylococcal cassette chromosome mec types I to V in methicillin-resistant *Staphylococcus aureus*. *J Clin Microbiol*. 2005;43(10):5026–5033. doi:10.1128/JCM.43.10.5026-5033.2005
53. Argudín M, Mendoza M, González-Hevia M, Bances M, Guerra B, Rodicio M. Genotypes, exotoxin gene content and antimicrobial resistance in *Staphylococcus aureus* isolated from foods and food-handlers. *Appl Environ Microbiol*. 2012;07411–07487. doi:10.1128/AEM.07487-11
54. Bhargava K, Wang X, Donabedian S, Zervos M, da Rocha L, Zhang Y. Methicillin-resistant *Staphylococcus aureus* in retail meat, Detroit, Michigan, USA. *Emerg Infect Dis*. 2011;17(6):1135. doi:10.3201/eid1706.101905

Infection and Drug Resistance

Dovepress

Publish your work in this journal

Infection and Drug Resistance is an international, peer-reviewed open-access journal that focuses on the optimal treatment of infection (bacterial, fungal and viral) and the development and institution of preventive strategies to minimize the development and spread of resistance. The journal is specifically concerned with the epidemiology of

antibiotic resistance and the mechanisms of resistance development and diffusion in both hospitals and the community. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/infection-and-drug-resistance-journal>