

Molecular Identification of Multidrug Resistance *Shigella* isolates of Animals and Their Products

¹Doaa .Ahmed, ¹Karim Sadun Al-Ajeeli and ²Abdulrazak Shafiq Hasan

1-Department of Microbiology, College of Veterinary Medicine, Diyala University, Iraq.

2- Department of Microbiology, College of Medicine, Diyala University, Iraq.

Corresponding author : doaa.ah@mtu.edu.iq

Received: 1-3-2021

Accepted: 25-5-2021

Published: 1-7-2021

Abstract

Objectives: Isolation of *Shigella* species from farm animals and some of their food products, and to figure out drug resistance of these isolates.

Methods: Current study was conducted in Baghdad from October 2019-October 2020. A total of 185 samples (100 fecal samples and 85 food samples) were collected from bovine, ovine and chickens. 85 samples were collected from different food from animal products like beef, sheep and chicken meat and cheese samples. All 185 samples were cultured on Hektoen enteric agar, S.S. agar, XLD Agar, and MacConkey, furthermore isolated bacteria were subjected to ApiE20 and biochemical tests for preliminary isolation and identification. Suspected purified colonies were identified by PCR as *Shigella* genus by (*invC*) gene and as particular species by (*rfc*), (*wbgZ*), (*rfpB*) and (*Conserved hypothetical protein*) genes by the use of PCR and specific primers. Identified *Shigella* species were tested against 11 types of antibiotics to figure out their resistance and sensitivity using Kirby-Bauer test.

Results: The standard bacteriological culture yield 3 were positive and 182 were negative. Of these a total of 2 *Shigella* species (1 / 30 (3.3%) , 1 / 19 (5.3 %) beef meat and sheep meat respectively) were *Shigella flexneri* and one 1 / 30 (3.3% beef meat) was *Shigella sonnei* as were identified by the use of PCR and specific primers. PCR amplification products appeared as (430 bp) for *Shigella sonnei wbgZ gene* and (537bp) for the gene *rfc* of *Shigella flexneri* Regarding the antibiotic susceptibility, *S.sonnei* and *S. flexneri* from beef meat were 100% resistance to ampicillin and tetracycline, and moderately resistance to Trimethoprim-sulfamethoxazole, Cefotaxime, Ceftriaxone, Nalidixic acid, and Ceftazidime. *Shigella flexneri* from sheep meat was resistance to ampicillin, tetracycline, Trimethoprim-sulfamethoxazole, nalidixic acid and Cefotaxime. All the three isolates were multidrug resistance.

Conclusions: Although few isolates of *Shigella* species were isolated from few number of samples, but it was alarming results as they were MDR emerging isolates.

Keywords: *Shigella* spp. , Shigellosis , Food , MDR .

How to cite the article:

Doaa Ahmed D, Al-Ajeeli KS and Hasan A S. (2021). " Molecular Identification of Multidrug Resistance *Shigella* isolates of Animals and Their Products." *Diyala Journal For Veterinary Sciences* 1(2).49-63



This is an open access article licensed under a [Creative Commons Attribution- NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Introduction

Worldwide, diarrheal diseases was ranked as the third disability-adjusted life-years among children younger than 10 years in 2019 (GBD, 2019). Annually there are about 1.8 million death attributed to diarrhea due to different pathogens. According to the morbidity and mortality occurred in developing countries due to *Shigella* species, shigellosis was considered as a serious problem among the community in addition to other enteric pathogens (Shahin et al., 2019; Ugboko et al., 2020). *Shigella* species was reported among the eight enteric pathogens reported by CDC as it causes of the majority of bacillary dysentery in developing countries (Tack et al., 2020). This facultative anaerobic bacteria were classified within the family Enterobacteriaceae as they were negative for Gram's stain, non-motile bacilli (Kotloff et al., 2018). There are four *Shigella* species in the genus of *Shigella* included *Shigella boydii*, *Shigella dysenteriae*, *Shigella flexneri* and *Shigella sonnei*. These species were classified according to the *Shigella* antigenic lipopolysaccharide and pathogenicity (Anderson et al., 2016). Virulence factors of *Shigella* species played an important roles in the severity of the shigellosis and the infected individuals may exposed to reinfection as was reported by Mattock and Blocker, (2017). Shigellosis might also be waterborne or food born when such water or food was contaminated persons or prepared from contaminated source like vegetables that grown in fields used contaminated sewage (CIRI, 2007 and Todar, 2012). Food Net agencies have cited the incidence of foodborne diseases in developing and developed countries and reported that *Shigella*, *Salmonella* and *Campylobacter* are associated

with most illness originated from food, from these cases 20% are attributed to contamination with *Shigella* (CIRI, 2007). It was reported that three of *Shigella* species were associated with foodborne enteric infections, these species were *Shigella sonnei*, *Shigella flexneri* and *Shigella boydii* (Anonymous. 2005; Kotloff, et al. 1999). There are many reports mentioned that 99% of shigellosis occurred in developing, industrial countries and USA in last decades (Germani and Sansonetti, 2006).

Many drugs and antibiotics were used including ampicillin, nalidixic acid, ciprofloxacin and trimethoprim/sulfamethoxazole for treatment of shigellosis as they help in killing of *Shigella* species the causative agent of shigellosis (Sati et al., 2019). Emerging of *Shigella* isolates resistant to some of above-mentioned drugs and others making the treatment unable to terminate the infection particularly during outbreaks or in severe cases (Paula et al., 2010; Bhattacharya et al., 2012).

Annually emerging *Shigella* isolates resistant to wide range of drugs was increased notably (Kosek et al., 2010; Qiu et al., 2012; Kahsay and Muthupandian, 2016). Such increase was attributed to mutation in certain enzymes like topoisomerase IV and gyrase associated with quinolone resistance mechanism in addition to resistant plasmids like those associated with quinolone resistance reported in many countries including India, China, Japan and USA (Taneja et al., 2016; Muthuirulandi Sethuvel et al., 2017).

Taneja et al., (2012) reported *Shigella* resistance to cephalosporin that was attributed to ESBL and AmpC genes. Isolates of *Shigella flexneri* collected from patients in rural hospital in China showed multiple drug resistance that was attributed to *acrA* gene (Yang et al., 2008).

Furthermore, isolates of shigella from patients with dysentery reported to be resistant to many antibiotics, and this resistance was attributed to mutation detected in *tolC* and *acrA* genes (Mehata et al., 2010).

This study aimed to isolate *Shigella* species from other sources rather than humans, including animals and their products and to point out their susceptibility to different antimicrobial drugs.

Methodology:

Eighty five (85) were collected from meat product of animals_(beef meat, chicken meat, chesses, and sheep meat) were processed according to the International Organization for Standardization (ISO) was used *Shigella* broth, and a total of 100 fecal samples from animals were collected. These animals showed symptoms such as diarrhea and loss of appetite. Bacterial culture on previously prepared commercially available culture media including XLD agar, S.S. agar, Hektoen enteric agar, and MacConkey was performed (Brooks et al., 2007).

Biochemical tests were used for further identification and verification of *Shigella* species, these include oxidase, catalase, urease, indole and cultured on triple sugar iron agar. The biochemical Api20E system was also used for further and accurate identification of *Shigella* isolates. Suspected *Shigella* isolates were subjected to PCR technique for definite identification and typing of *Shigella* species. Genomic DNA extraction for each isolate was performed by the use of commercial DNA kit (QIAGEN, USA) using specific primers (Alpha, Canada) for each *Shigella* species as presented in table (1).

Amplification reaction

Conventional PCR assay was used to amplify particular genes as it was advised by kits manufacturer (Promoga, USA). The final volume mix of PCR reaction was included 12.5 µl Green master mix (Promoga, USA), 1 µl F primer, 1 µl R primer, 0.5 microliter distilled water (free of nuclease), 3 µl Q solution, and 7 µl extracted DNA; the final volume was 25 µl. The volume mix was subjected to conventional PCR program in a thermal cycles for *I nvC* for *Shigella* genus and (*rfc*, *rfpB*, *Conserved hypothetical protein*) gene for *Shigella* spp. included one cycle at 95°C (denaturation) one minute, 35 cycles of (95°C for 35 seconds for denaturation, 55°C for annealing one minute and 72°C for one minute, extension). This was followed by final extension at 72°C for 10 minutes, and resulted DNA fragments hold at 4°C for two minutes. The same thermal PCR cycles were used for amplification *wbgZ* gene of *Shigella sonnei* except the annealing temperature was 57°C instead of 55°C.

Electrophoreses of PCR products

Agarose gel electrophoreses was used to detect the PCR product of particular gene amplification. Accordingly 1.5% agarose in 1x TBE buffer was used with ethidium bromide for staining of amplified DNA fragment. PCR DNA products were loaded in amount of 10 µl for each sample in pointed solidified agarose well that immersed in 1x TBE buffer of electrophoretic chamber. The sample loaded wells are flanked with 5 µl of 100 bp ladder (Promoga, Germany). The electrophoresis was run at 70 volts for one hour and the products are illustrated by UV illuminator and documented by photography.

Antibiotics Sensitivity Testing

Isolated and identified *Shigella species* were subjected to Kirby-Baur method for antibiotic susceptibility, it is also known as disc diffusion test, for this purpose Muller-Hinton agar was used with antibiotic disc as was mentioned in Clinical and Laboratory Standards Institute (CLSI, 2019). Inoculum density was standardized according to Standard Operating Procedure (SOP) of CLSI in which a BaSO₄ turbidity standard was used as equivalent to 0.5 McFarland. The results of sensitivity are meas-

ured as sensitive, intermediate and resistant. Multiple drug resistance is defined as 'the resistance of an isolate to two and more drugs within one class of drug' (Abebe *et al.* , 2018). Antibiotics used in sensitivity test of present study are listed in table (2)

Table (1): Primers used for detection of *Shigella* isolates

| Primer sequence (5-3) | | Detected gene | PCR product size | Shigella genus/species | Primer data source |
|-----------------------|-------------------------------|--------------------------------|------------------|-----------------------------|-------------------------------|
| Forward | TCTGATGTCACCTCTTT-GCGAGT | Conserved hypothetical protein | 248 | 4 <i>Shigella boydii</i> | (Ranjbar <i>et al.</i> ,2014) |
| Rivers | GAATCCGGTACCCGTAAGGT | | | | |
| Forward | TCT GAA TAT GCC CTC TAC GCT | wbgZ | 430 | <i>Shigella sonnei</i> | * |
| Rivers | GAC AGA GCC CGA AGA ACC G | | | | |
| Forward | TCT CAA TAA TAG GGA ACA CAG C | rfpB | 211 | <i>Shigella dysenteriae</i> | * |
| Rivers | CAT AAA TCA CCA GCA AGG TT | | | | |
| Forward | TTT ATG GCT TCT TTG TCG GC | rfc | 537 | <i>Shigella flexneri</i> | * |
| Rivers | CTG CGT GAT CCG ACC ATG | | | | |
| Forward | TGC CCA GTT TCT TCA TAC GC | invC | 875 | <i>Shigella genus</i> | * |
| Rivers | GAA AGT AGC TCC CGA AAT GC | | | | |

*Sequence data of primers were inspired from Ojha *et al.*, (2013)

Table (2): Antibiotics used in Kirby-Bauer antibiotic sensitivity test

| No. | Group | Antibiotic | Abbreviation | Weight |
|-----|--|---------------------------------|--------------|------------|
| 1 | β -lactmase inhibitor combinations | Pipracillin – tazobatam | PTZ | 30 μ g |
| 2 | Folate pathway inhibitor | Trimethoprim - sulfamethoxazole | SXT | 25 μ g |
| 3 | Pencillin | Ampicillin | AMP | 30 μ g |
| 4 | Phenicol | Chloramphenicol | C | 30 μ g |
| 5 | Quinolones | Ciprofloxacin | CIP | 30 μ g |
| 6 | | Nalidixic acid | NA | 10 μ g |
| 7 | Carbapenem | Imipenem | IMP | 10 μ g |
| 8 | Cephalosporin3rd generation | Cefotaxime | CTX | 30 μ g |
| 9 | | Ceftriaxone | CRO | 30 μ g |
| 10 | | Ceftazidime | CAZ | 30 μ g |
| 11 | Tetracyclines | Tetracycline | TE | 30 μ g |

Results:

Animal specimens:

Distribution of basic data:

A total of 53 sheep fecal specimens were collected 36(67.9%) were males and 17(32.1%) were females. Furthermore 39 chicken fecal specimens were also collected. All chicken included were hens. About the results of bacteriological culture, all specimens had no *Shigella* growth.

Food specimens:

The characteristic of bacteria culture on different media:

Colony morphology and characteristics for each isolate are considered, so that pink colored colonies with no H₂S, convex and translucent were the most characters of *Shigella* isolates on XLD agar. The same isolates were no-

ticed to be non-lactose fermenters, and pale translucent colonies on MacConkey agar. These isolates appeared with green coloration of convex colonies on Hektoen agar. Culturing of suspected *Shigella* samples on *Salmonella Shigella* agar arising small colonies which were pale or colorless.

Biochemical tests:

All *Shigella* isolates of present study appeared urase negative, oxidase negative, Indol variable and catalase positive. The isolates did not ferment lactose and sucrose, but fermented glucose with no H₂S. Triple sugar iron (TSI) slant agar appeared with yellow coloration, and the slant was alkaline with red color. Using of Api20E gave results confirmed preliminary the diagnosis of isolates as *Shigella* when com-

pared to the identification chart of the manufacturer.

Distribution of culture and PCR results:

Suspected *Shigella* isolates identified by cultured media, biochemical tests and Api20E were subjected to PCR for identification as *Shigella* genus and species. Regarding the beef meat specimens, 2 (6.7%) of *Shigella* isolates were recovered through the bacteriological culture against 28 (93.3%) of the specimens had only growth of mixed of Gram negative bacteria. And 1 (5.3 %) *Shigella* isolates were re-

covered through the bacteriological culture against 18 (94.7 %) mixed gram negative bacteria The remaining 29 chicken meat and 7 cheese specimens had no growth of *Shigella* species, but only growth of mixed gram negative bacteria. One of these isolates was *Shigella flexneri* and the another was *Shigella sonnei*. Another isolate of *Shigella flexneri* was recovered from sheep meat by culture as well as detected in by PCR technique. Data were shown in table (3).and figures (1, 2 and3).

Table (3): Distribution of bacteriological culture and PCR results of food specimens.

| Variables | | Type of food samples | | | | | | | |
|--------------------------------|------------------------------|----------------------|------|--------------|-----|------------|------|---------|-----|
| | | Beef meat | | Chicken meat | | Sheep meat | | Cheeses | |
| | | No | % | No | % | No | % | No | % |
| Type of growth | Shigella species | 2 | 6.7 | - | - | 1 | 5.3 | - | - |
| | Mixed Gram negative bacteria | 28 | 93.3 | 29 | 100 | 18 | 94.7 | 7 | 100 |
| PCR results | Positive | 2 | 6.7 | - | - | 1 | 5.3 | - | - |
| | Negative | 28 | 93.3 | 29 | 100 | 18 | 94.7 | 7 | 100 |
| Type of Shigella spp. (by PCR) | Shigella flexneri | 1 | 3.3 | - | - | 1 | 5.3 | - | - |
| | Shigella sonnei | 1 | 3.3 | - | - | - | - | - | - |
| | Shigella dysenteriae | - | - | - | - | - | - | - | - |
| | Shigella boydii | - | - | - | - | - | - | - | - |
| | Negative PCR | 28 | 93.3 | 29 | 100 | 18 | 94.7 | 7 | 100 |

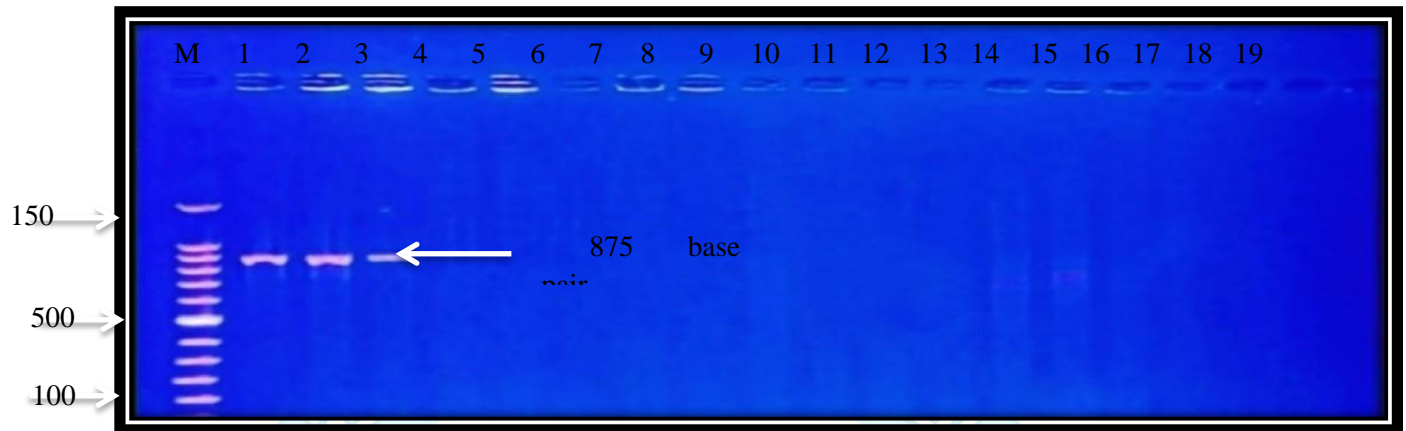


Figure (1) PCR products electrophoresed in agarose gel (1.5%) with ethidium bromide as stain for *invC* genes (875 base pairs) of *Shigella isolates* for one hr. at seventy volts. M: DNA marker. 1-2, and 3 are amplified *invC* gene of *Shigella* isolates from food.

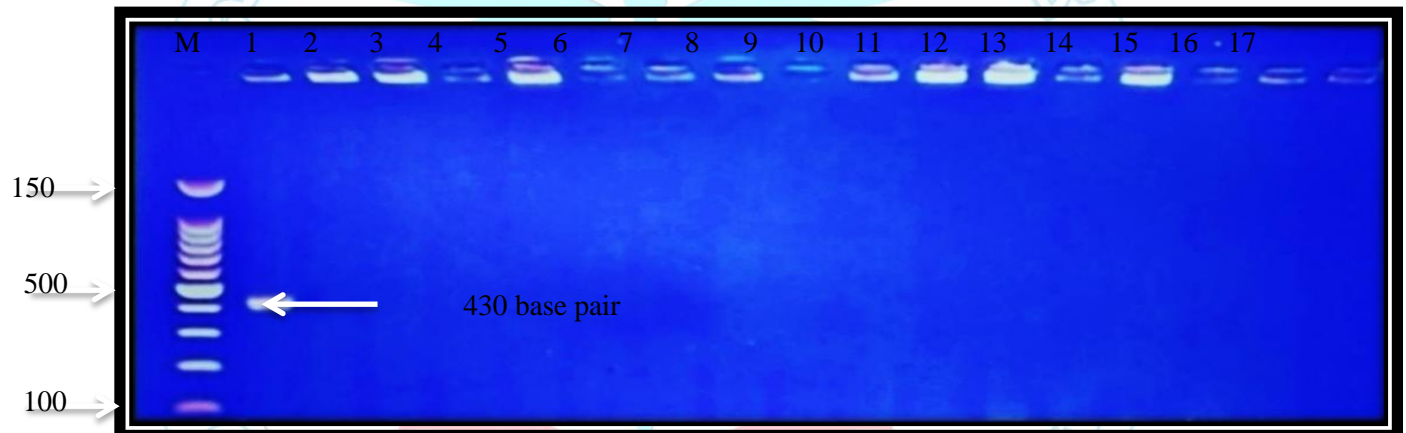


Figure (2) PCR products electrophoresed in agarose gel (1.5%) with ethidium bromide as DNA stain for *wbgZ* gene (430 base pairs) of *Shigella sonnei* for one hr. at seventy volts. M: Marker for DNA weight. 1 amplified *wbgZ* gene of *Shigella sonnei* from food.

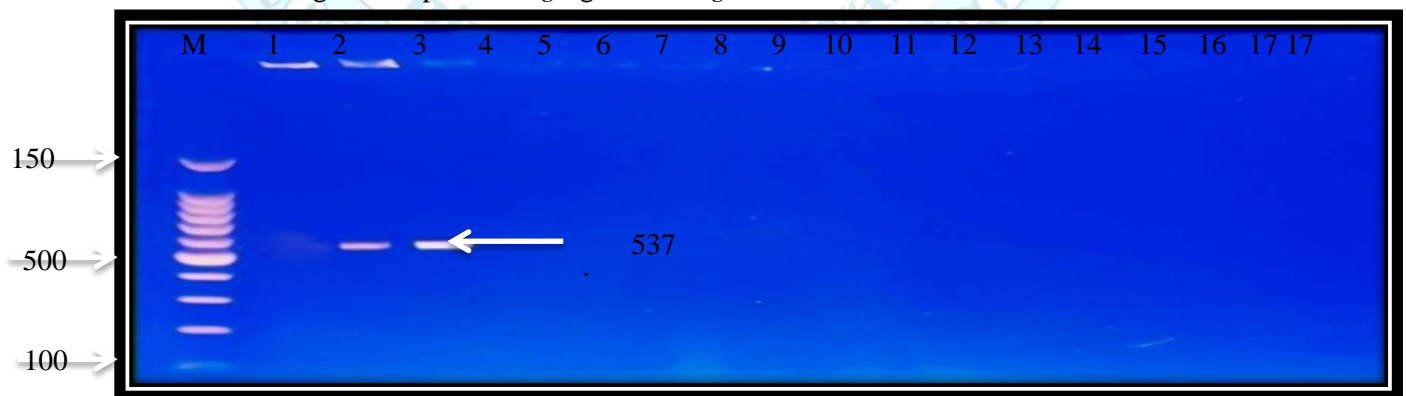


Figure (3) PCR products electrophoresed in agarose gel (1.5%) with ethidium bromide as DNA stain for *rfc* gene (537 base pairs) of *Shigella flexneri* for one hr., at seventy volts. M: DNA marker. 2, and 3 are amplified *rfc* gene of *Shigella* isolates from food.

Antibiotic susceptibility test:

Current study found two isolates (100%) of *Shigella* detected in beef meat specimens were resistant to Ampicillin, and Tetracycline, The moderate rate of antibiotic resistance 1/2 (50 %) were to Trimethoprim-sulfamethoxazole, Cefotaxime, Ceftriaxone, Nalidixic acid, Ceftazidime, while all (100%) were sensitive to Ciprofloxacin, Imipenem, Pipracillin–

Tazobatom. Chloramphenicol . furthermore, 50% of these isolates were intermidate to Ceftriaxone and Nalidixic acid. Regarding the one isolate from sheep meat, it was found that resistant to Ampicillin, Tetracycline, Trimethoprim-sulfamethoxazole, Cefotaxime and Ceftriaxone while it is sensitive to Ciprofloxacin , Imipenem, Pipracillin–Tazobatom, Chloramphenicol , Ceftazidime and Nalidixic acid. and 2 / 3 (66%) isolates showed MDR resistant to three or more antimicrobial categories while 1/ 3 (33.3%) isolates show not MDR but showed resistant ≤ 2 antimicrobial categories, Data were shown in table (4, 5 and 6).

Table (4): Distribution of antibiotic susceptibility testing of isolates from food specimens.

| Antibiotics | Beef meat (2) | | | | | | Sheep meat(1) | | | | | | Total = 3 | | |
|-------------------------------|-----------------|-----|----|-----|----|-----|-----------------|-----|----|-----|-----|-----|-----------|------|------|
| | NO | R % | NO | I % | NO | S % | NO | R % | NO | I % | NO | S % | R % | I % | S % |
| Ampicillin | 2 | 100 | - | - | - | - | 1 | 100 | - | - | - | - | 100 | - | - |
| Tetracycline | 2 | 100 | - | - | - | - | 1 | 100 | - | - | - | - | 100 | - | - |
| Trimethoprim-sulfamethoxazole | 1 | 50 | - | - | 1 | 50 | 1 | 100 | - | - | - | - | 66.6 | - | 33.3 |
| Nalidixic acid | 1 | 50 | 1 | 50 | - | - | - | - | - | 1 | 100 | 100 | 33.3 | 33.3 | 33.3 |
| Cefotaxime | 1 | 50 | - | - | 1 | 50 | 1 | 100 | - | - | - | - | 66.6 | - | 33.3 |
| Ciprofloxacin | - | - | - | - | 2 | 100 | - | - | - | - | 1 | 100 | - | - | 100 |
| Ceftriaxone | 1 | 50 | 1 | 50 | - | - | 1 | 100 | - | - | - | - | 66.6 | 33.3 | - |
| Imipenem | - | - | - | - | 2 | 100 | - | - | - | - | 1 | 100 | - | - | 100 |
| Pipracillin–Tazobatom | - | - | - | - | 2 | 100 | - | - | - | - | 1 | 100 | - | - | 100 |
| Chloramphenicol | - | - | - | - | 2 | 100 | - | - | - | - | 1 | 100 | - | - | 100 |
| Ceftazidime | 1 | 50 | - | - | 1 | 50 | - | - | - | - | 1 | 100 | 33.3 | - | 66.6 |

Table (5 and 6) showed that only two (66.6%) *Shigella* spp. from food samples out of three isolates were sensitive to two or less antibiotic agents.

Table (5) Multidrug resistance of *Shigella* isolates according to type of antibiotic used.

| Antimicrobial category | Isolates No. (3) | | |
|-----------------------------------|--------------------|-----|-----|
| | 1 | 2 | 3 |
| Penicillin | | | |
| Tetracyclines | | | |
| Folate pathway inhibitor | | | |
| Cephalosporin3rd generation | | | |
| Quinolones | | | |
| Phenicols | | | |
| Carbapenem | | | |
| β-lactmase inhibitor combinations | | | |
| Results | MDR | MDR | MDR |

- Resistant to some but not all particular antibiotics used.
- Resistant to all particular antibiotics used.
- Sensitive to all particular antibiotics used.



Table (6) : Multidrug resistance of *Shigella* isolates to three or more antibiotics.

| Groups isolate | No. of the isolates | % |
|--|---------------------|------------|
| Group of isolates resistant to three or more antimicrobial categories. | 2 | 66.6 |
| Group of isolates resistant to ≤ 2 antimicrobial categories | 1 | 33.3 |
| Total | 3 | 100 |

Classes : Pencillin , Tetracyclines, Folate pathway inhibitor, Cephalosporin3rd generation , Quinolones.

Discussion

Three *Shigella* isolates were preliminary diagnosed on culture media out of 85 (3.75%) collected food samples. Two of these isolates were from 30 beef meat (6.6%) samples and 1 (5.26%) from 19 sheep meat sample, whereas other samples (29 chicken meat and 7 cheese samples were negative on cultured media.

Classical cultured methods of isolation and identification of *Shigella* species were used by many workers (Germani and Sansonetti,..2006; Pakbin *et al.*, 2021) but they were time consuming accordingly we used the most sensitive and well known molecular biological technique the PCR (Jiménez *et al.*, 2010), that made the

detection of such microbial pathogens too easy and more accurate in comparison to laboratory cultural methods (Naraveneni, and Jamil, 2005 ;Lee and Fairchild, 2006.)

Current study showed that all 53 fecal samples collected from sheep (36 samples from rams and 17 samples from ewes) and those 39 samples collected from hens were negative for *Shigella spp.* in laboratory culture media, accordingly they were not subjected to PCR assay. The above mentioned findings of present study also was supported with previous study of (Gaurav *et al.*, 2013), which reported that only eight *Shigella* isolates were recovered out from 311 stool samples from human All these 8 isolates belonged to but no isolate was recovered from 100 fecal samples from cattle, and 100 fecal samples from poultry. Ahmed and Shimatomo (2015) detected 27 *shigella* isolates out of when they tested 1600 samples collected from dairy and meat food samples. Pakbin *et al.*,(2021) isolated *Shigella* species from food samples in rate of 4.84% and from human stool samples 7.7% in Qazvin of Iran. Regarding the food specimens, current study showed 2 (6.7%) isolates of *Shigella* from beef meat specimens, 1(5.3 %) from sheep meat thorough bacteriological culture while 28 (93.3%) , 18 (94.7 %) for beef meat and sheep meat specimens respectively were mixed gram negative bacteria growth. Shigellosis is primarily human disease and thus majority of the research on *Shigella* had been focused on human and published in medical literature. Hence, there are no much information of *Shigella spp.* in animal are available, but animals (e.g. birds, rodents) can be the vectors that are capable of transmitting *Shigella* to human through their body surface or intestinal tract.

Additionally, it was reported that houseflies (*Musca domestica*) also can serve as mechanical vectors for *Shigella* transmission (Kiat , 2010). The results also are supported by the findings of Ranjbar *et al.*, (2016), who reported that no known reservoir for shigellosis and, so difficult to prepare an effective vaccine for shigellosis due to the presence of different serotypes and virulence factors that may lead to weak immune responses. The PCR technique detected positive results in beef meat and sheep meat specimens 2 (6.7 %) , 1 (5.3%) respectively.

Whereas, the study done by Mokhtari *et al.*, (2012) found among 280 samples 6 (2.1%) samples were positive by classical culture laboratory techniques detected in comparison to 24 (8.6%) positive samples in using of PCR applied on the same samples. Detection of *Shigella species* seems to be of contrary results, meat samples checked by PCR showed higher results of *Shigella species* (2%) when compared to those samples from dairy products (1.4%) subjected to the same PCR technique in Egypt (Abu-Elyazeed *et al.*, 2004). Meat product samples subjected to PCR test in Ethiopia showed only 0.6% were positive to *Shigella* (Tassew *et al.*,2010).and no *Shigella* positive samples were reported when collected from dairy product and subjected to PCR test in Turkey (Centinkaya *et al.*, 2008).

No adequate data were available on animal infections with shigellosis unlike that happened with *Salmonella* species as zoonotic infections can be transmitted through contamination of food, water and waste disposal, furthermore no animal reservoir for species of *Shigella* was reported. Accordingly, it seemed that *Shigella* species infections in human were associated with food contamination, water, and bad sani-

tation in the community as was reported by others (Mokhtari *et al.*, 2012; Ahmed *et al.*, 2014).

The results of food specimens of present study found that the 2 isolates (100%) of *Shigella* recovered from beef meat specimens were resistant to Ampicillin, Tetracycline, Trimethoprim-sulfamethoxazole, Cefotaxime, Ceftriaxone, while all (100%) were sensitive to Ciprofloxacin, Imipenem, Piperacillin-Tazobactam. Furthermore, 50% of these isolates were intermediate to Ceftazidime and Nalidixic acid. Regarding the one isolate from sheep meat, it was found that it was resistant to Ampicillin, Tetracycline, Trimethoprim-sulfamethoxazole, Cefotaxime and Ceftriaxone while it is sensitive to Ciprofloxacin, Imipenem, Piperacillin-Tazobactam, Chloramphenicol, Ceftazidime and Nalidixic acid. and 2 / 3 (66%) isolates showed MDR resistant to three or more antimicrobial categories while 1/ 3 (33.3%) isolates show not MDR but showed resistant ≤ 2 antimicrobial categories. In contrast to the finding of present study Ahmed and Shimatomo, (2015) found that all of their *Shigella* isolates were 100% resistance to streptomycin and 95.8% to tetracycline, nalidixic acid and kanamycin, whereas they were 87.5% resistance to ampicillin and Trimethoprim-sulfamethoxazole. Pakbin *et al.*, (2021) reported that their *Shigella species* isolates from food samples were resistance to tetracycline (62.5%0, whereas all isolates from clini-

cal samples were sensitive to tetracycline, chloramphenicol and nalidixic acid. Lamboro *et al.*, (2016) reported that their *Shigella* isolates were 100% susceptible to ciprofloxacin, gentamycin and norfloxacin whereas, only 4 *Shigella* isolates were resistance to ampicillin and tetracycline.

These differences might be attributed to treatment systems used to face the shigellosis that its continuity might arises emergence of new isolates resistant to particular drug or drugs used to treat shigellosis. Many reports mentioned the annual arising of *Shigella species* resistance to new antibiotics group made the selection of particular drugs was too difficult for treatment of cases of shigellosis due to emerging new *Shigella species*. (MoezArdalan *et al.*, 2003 ; Peirano *et al.*, 2006 ; Yang *et al.*, 2013; Jomezadeh *et al.*, 2014).

A previous study done by Ahmed *et al.*, (2015) showed that *Shigella species* isolated from meat (14) were 95.8% resistant to tetracycline and nalidixic acid, whereas to ampicillin and sulfamethoxazole / trimethoprim was 87.5 % .

In a final conclusion, shigellosis is a borne food disease that can be easily transmitted to the human or food products from infected personals especially who deal with animal products. High percent of *Shigella isolates* either from human or from food products were emerged as MDR.

References

- Abebe, W., Earsido, A., Taye, S., Assefa, M., Eyasu, A., & Godebo, G. (2018). Prevalence and antibiotic susceptibility patterns of *Shigella* and *Salmonella* among children aged below five years with Diarrhoea attending Nigist Eleni Mohammed memorial hospital, South Ethiopia. *BMC pediatrics*, 18(1), 1-6.
- Abu-Elyazeed, R. R., Wierzba, T. F., Frenck, R. W., Putnam, S. D., Rao, M. R., Savarino, S. J., ... & Clemens, J. D. (2004). Epidemiology of *Shigella*-associated diarrhea in rural Egyptian children. *The American journal of tropical medicine and hygiene*, 71(3), 367-372.
- Ahmed, A. M., & Shimamoto, T. (2015). Molecular characterization of multidrug-resistant *Shigella* spp. of food origin. *International journal of food microbiology*, 194, 78-82.
- Ahmed, A. M., & Shimamoto, T. (2014). Isolation and molecular characterization of *Salmonella enterica*, *Escherichia coli* O157: H7 and *Shigella* spp. from meat and dairy products in Egypt. *International journal of food microbiology*, 168, 57-62.
- Ali, M. R., Hasan, R. N., Mohammed, A. I., & Abbas, A. A. (2010). Profiling and curing from *Shigella* spp. isolated from plasmid diarrheal patients. *AJ Microbiol*, 1(1), 1-8.
- Anderson, M.; Sansonetti, P.J. and Marteyn, B.S. (2016) *Shigella* Diversity and Changing Landscape: Insights for the Twenty-First Century. *Front. Cell. Infect. Microbiol.* 6:45:1-9.
- Anonymous. (2005). Foodborne gastroenteritis caused by *Salmonella* and *Shigella*. In: Jay, J.M., Loessner, M.J., Golden, D.A. (eds). *Modern Food Microbiology* New York: Springer Science + Business Media Inc. p. 619-634
- Bhattacharya, D.; Sugunan, A. P.; Bhattacharjee, H.; Thamizhmani, R.; Sayi, D. S.; Thanasekaran, K.; et al. (2012). Antimicrobial resistance in *Shigella*-rapid increase and widening of spectrum in Andaman Islands, India. *Indian J. Med. Res.* 135(3), 365-370.
- Brooks, G.O.; Carroll, K.C.; Butel, J.S. and Morse, S.A. (2007). *Enteric Gram-Negative rods (Enterobacteriaceae)*: In *Medical Microbiology*. 24 Ed. McGraw Hill, USA.
- Cetinkaya, F., Cibik, R., Soyutemiz, G. E., Ozakin, C., Kayali, R., & Levent, B. (2008). *Shigella* and *Salmonella* contamination in various foodstuffs in Turkey. *Food Control*, 19(11), 1059-1063
- CIRI, (2007). *Shigella* – overview, Cleaning Industry Research Institute., Retrieved from <https://www.ciriscience.org/a-30-Shigella---Overview> Oct 20.
- CLSI, (2019). *Clinical and Laboratory Standards Institute* (<https://clsi.org/media/3062/clsi-update-2019-21819-final-fullsizedhandouts.pdf>).
- Gaurav, A., Singh, S. P., Gill, J. P. S., Kumar, R., & Kumar, D. (2013). Isolation and identification of *Shigella* spp. from human fecal samples collected from Pantnagar, India. *Vet World*, 6(7), 376 – 379.
- GBD Diseases and Injuries Collaborators (2019). Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis

- for the Global Burden of Disease Study 2019. *Lancet* 2020; 396: 1135–59.
- Germani ,Y.; Sansonetti, P.J. (2006). The genus *Shigella*. In: Dworkin M, Falkow S, Rosenberg E, Schleifer KH and Stackebrandt E (eds). *The Prokaryotes. A handbook of the biology of bacteria* . New York: Springer Science + Business Media Inc. p. 99-116.
- Jiménez, K. B., McCoy, C. B., & Achí, R. (2010). Detection of *shigella* in lettuce by the use of a rapid molecular assay with increased sensitivity. *Brazilian Journal of Microbiology*, 41(4), 993-1000.
- Jomezadeh, N., Babamoradi, S., Kalantar, E., & Javaherzadeh, H. (2014). Isolation and antibiotic susceptibility of *Shigella* species from stool samples among hospitalized children in Abadan, Iran. *Gastroenterology and hepatology from bed to bench*, 7(4), 218 -223.
- Kahsay, A. G., & Muthupandian, S. (2016). A review on Sero diversity and antimicrobial resistance patterns of *Shigella* species in Africa, Asia and South America, 2001–2014. *BMC research notes*, 9(1), 1-6.
- Kiat, W. N. (2010). Identification and Detection of *Shigella* species from Wildlife Using Multiplex Polymerase Chain Reaction (mPCR) (Doctoral dissertation, Universiti Malaysia Sarawak).
- Kosek, M., Yori, P. P., & Olortegui, M. P. (2010). Shigellosis update: advancing antibiotic resistance, investment empowered vaccine development and green bananas. *Current opinion in infectious diseases*, 23(5), 475 – 480.
- Kotloff, K. L., Riddle, M. S., Platts-Mills, J. A., Pavlinac, P., & Zaidi, A. K.M., (2018). Shigellosis. *The Lancet*, 391(10122), 801-812.
- Kotloff, K.L.; Winickoff, J.P.; Ivanoff, B.; Clemens J.D.; Swerdlow, D.L; Sansonetti, P.J. et al.(1999). Global burden of *Shigella* infections: Implications for the development of vaccines and application of control strategies. *Bull World Health Organ*.77, 651-666.
- Lamboro, T, Tsige Ketema, and Ketema Bacha (2016). Prevalence and Antimicrobial Resistance in *Salmonella* and *Shigella* Species Isolated from Outpatients, Jimma University Specialized Hospital, Southwest Ethiopia. *Canadian Journal of Infectious Diseases and Medical Microbiology* Volume 2016, Article ID 4210760, 8 pages
- Lee, M.D.; Fairchild, M.S. (2006) Sample preparation for PCR. In: Maurer, J.(ed). *PCR Methods in Foods*. New York: Springer Science + Business Media Inc. p.41-49.
- Mattock, E., & Blocker, A. J. (2017). How do the virulence factors of *Shigella* work together to cause disease?. *Frontiers in cellular and infection microbiology*, 7, 64.1-24.
- Mehata, S., Duan, G., Song, C., Yang, H., & Zhang, W. (2010). Antimicrobial susceptibility and mechanism of resistance in *Shigella* isolates from rural China. *Annals of microbiology*, 60(2), 203-207.
- MoezArdalan, K., Zali, M. R., Dallal, M. M. S., Hemami, M. R., & Salmanzadeh-Ahrabi, S. (2003). Prevalence and pattern of antimicrobial resistance of *Shi-*

- gella* species among patients with acute diarrhoea in Karaj, Tehran, Iran. *Journal of Health, Population and Nutrition*, 96-102.
- Mokhtari, W., Nsaibia, S., Majouri, D., Ben Hassen, A., Gharbi, A., & Aouni, M. (2012). Detection and characterization of *Shigella* species isolated from food and human stool samples in Nabeul, Tunisia, by molecular methods and culture techniques. *Journal of applied microbiology*, 113(1), 209-222.
- Naraveneni, R.; Jamil, K. (2005). Rapid detection of foodborne pathogens by using molecular techniques. *J Med Microbiol* 54, 51-54.
- Ojha, S. C., Yean Yean, C., Ismail, A., & Banga Singh, K. K. (2013). A pentaplex PCR assay for the detection and differentiation of *Shigella* species. *BioMed research international*, 2013. 412370, 9 pages.
- Pakbin, B., Abdollah D., Yousef K., M., Razzagh M., Amir P. and Mohammad Reza M. (2021). Antibiotic susceptibility and genetic relatedness of *Shigella* species isolated from food and human stool samples in Qazvin, Iran. *BMC Res Notes* 14, 144 (2021). <https://doi.org/10.1186/s13104-021-05554-3>
- Paula, C. M. D. D., Geimba, M. P., Amaral, P. H. D., & Tondo, E. C. (2010). Antimicrobial resistance and PCR-ribotyping of *Shigella* responsible for foodborne outbreaks occurred in southern Brazil. *Brazilian Journal of Microbiology*, 41(4), 966-977.
- Peirano, G., Souza, F. D. S., & Rodrigues, D. D. P. (2006). Frequency of serovars and antimicrobial resistance in *Shigella* spp. from Brazil. *Memorias do Instituto Oswaldo Cruz*, 101(3), 245-250.
- Qiu, S., Xu, X., Wang, Y., Yang, G., Wang, Z., Wang, H., ... & Song, H. (2012). Emergence of resistance to fluoroquinolones and third-generation cephalosporins in *Shigella flexneri* subserotype 1c isolates from China. *Clinical Microbiology and Infection*, 18(4), E95-E98.
- Ranjbar, R., Naghoni, A., Afshar, D., Nikkhahi, F., & Mohammadi, M. (2016). Rapid molecular approach for simultaneous detection of *Salmonella* spp., *Shigella* spp., and *Vibrio cholera*. *Osong public health and research perspectives*, 7(6), 373-377.
- Ranjbar, R., Afshar, D., Tavana, A. M., Najafi, A., Pourali, F., Safiri, Z., ... & Jafari, N. J. (2014). Development of multiplex PCR for simultaneous detection of three pathogenic *Shigella* species. *Iranian journal of public health*, 43(12), 1657-1663.
- Sati, H. F., Bruinsma, N., Galas, M., Hsieh, J., Sanhueza, A., Ramon Pardo, P., & Espinal, M. A. (2019). Characterizing *Shigella* species distribution and antimicrobial susceptibility to ciprofloxacin and nalidixic acid in Latin America between 2000–2015. *PloS one*, 14(8), e0220445.
- Muthuirulandi Sethuvel, D. P., Devanga Raghupathi, N. K., Anandan, S., & Veerarahavan, B. (2017). Update on: *Shigella* new serogroups/serotypes and their antimicrobial resistance. *Letters in applied microbiology*, 64(1), 8-18.
- Shahin, K., Bao, H., Komijani, M., Barazandeh, M., Bouzari, M., Hedayatkah, A.,

- ... & Wang, R. (2019). Isolation, characterization, and PCR-based molecular identification of a siphoviridae phage infecting *Shigella dysenteriae*. *Microbial pathogenesis*, 131, 175-180.
- Tack, D.M.; Ray, L.; Griffin, P.M.; Cieslak, P. R.; Dunn, J.; Rissman, T.; et al., (2020). Preliminary incidence and trends of infections with pathogens transmitted commonly through food - foodborne diseases active surveillance network, 10 U.S. Sites, 2016–2019. *Morb. Mort. Wkly Rep.* 69 (17): 508-13.
- Taneja, N. and Mewara, A. (2012). Cephalosporin-resistant *Shigella flexneri* over 9 years (2001-09) in India. *J. Antimicrob. Chemother.* 67:1347–53.
- Taneja, N. and Mewara, A. (2016). Shigellosis epidemiology in India. *Indian J. Med. Res.* 2016; 143:565–76.
- Tassew, H., Abdissa, A., Beyene, G., & Gebre-Selassie, S. (2010). Microbial flora and food borne pathogens on minced meat and their susceptibility to antimicrobial agents. *Ethiopian journal of health sciences*, 20(3).137-143.
- Todar's ,K., (2008-2012). *Shigella* and Shigellosis. *Todar's Online Textbook of Bacteriology*. Retrieved from <http://textbookofbacteriology.net/Shigella.html>
- Ugboko, H.U.; Nwinyi, O.C.; Oranusi, S.U. and Oyewale, J.O. (2020). Childhood diarrhoeal diseases in developing countries. *Heliyon* 6 (2020) e03690.
- Yang, H., Chen, G., Zhu, Y., Liu, Y., Cheng, J., Hu, L., ... & Li, J. (2013). Surveillance of antimicrobial susceptibility patterns among *Shigella* species isolated in China during the 7-year period of 2005-2011. *Annals of laboratory medicine*, 33(2), 111-115.
- Yang, H., Duan, G., Zhu, J., Lv, R., Xi, Y., Zhang, W., ... & Zhang, M. (2008). The AcrAB-TolC pump is involved in multi-drug resistance in clinical *Shigella flexneri* isolates. *Microbial Drug Resistance*, 14(4), 245-249.