



RESEARCH ARTICLE

Incidence and Antimicrobial Resistance of *Campylobacter* and *Salmonella* from Houseflies (*Musca Domestica*) in Kitchens, Farms, Hospitals and Slaughter Houses

Davood Ommi¹ · Behsan Hemmatinezhad² · Taghi Taktaz Hafshejani³ · Faham Khamesipour^{2,4}

Received: 15 July 2015/Revised: 12 October 2015/Accepted: 5 January 2016/Published online: 28 January 2016
© The National Academy of Sciences, India 2016

Abstract Carriage status of *Campylobacter* and *Salmonella* was investigated in houseflies in Shahrekord and Isfahan provinces of Iran. This was a longitudinal study conducted from June 2013 to May 2014. Flies were collected from household kitchens, animal farms, slaughter houses and hospitals and put in sample bottles filled with peptone water. Bacteria were isolated and DNA was extracted from bacterial isolates using a commercial kit. Confirmation of the organisms was carried out by polymerase chain reaction using primer sets for detection of these pathogens. Out of 600 houseflies 19.5 % (117/600) were positive for *Campylobacter* and 15.8 % (95/600) were positive for *Salmonella* organisms. The recovery frequencies of the two organisms in different locations were similar. Higher proportions of infected flies were obtained during summer whereas low proportions were obtained during winter of all the organisms ($P < 0.05$). The organisms had low to moderate resistance to different antimicrobial agents. It is concluded that houseflies do harbor antimicrobial resistant diarrheagenic pathogens including *Campylobacter* and *Salmonella*, more so during summer. The data support the importance of taking into

account the houseflies in future plans aimed at stemming infections caused by these organisms.

Keywords *Salmonella* · *Campylobacter* · Antimicrobial resistance · Houseflies · Polymerase chain reaction · Season · Iran

Introduction

The two most prevalent pathogens causing food borne gastroenteritis throughout the world are *Campylobacter* spp. and *Salmonella enterica* [1]. Reservoirs for these organisms are animals (domesticated and wild), birds, insects and the environment [2]. Humans are frequently exposed to both of these causing agents when they consume raw or under-cooked food, cross-contaminated food and sometimes through contaminated environment or in contact with infected animals [2, 3]. The public health concern of these organisms is heightened due to existence of antimicrobial resistant strains.

Housefly (*Musca domestica*) is known as carrier of a large number of bacteria and is involved in the transmission of important bacterial agents causing human and animal infections [4, 5]. Its feeding and reproductive habits make it an important mechanical and biological vector for several human and animal pathogens including those causing blindness, nosocomial, enteric and anthroponotic infections, as well [5–10]. It also serves as reservoir and disseminator of metazoan parasites of both medical and veterinary significance [7].

The flies, having close association with different forms of excreta and decaying organic matter [11], represent a substantial public health risk whenever they have access to human food. Their body anatomy, secretions they make

✉ Faham Khamesipour
Dr_Faham@yahoo.com

¹ Functional Neurosurgery Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
² Young Researchers and Elite Club, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
³ Department of Clinical Sciences, Faculty of Veterinary Medicine, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
⁴ Cellular and Molecular Research Center, Sabzevar University of Medical Sciences, Sabzevar, Iran

and their feeding habits make flies able to pick up and disseminate several pathogens [12, 13]. To that effect, a number of authors have detected bacterial pathogens from houseflies [14–16]. To date, however, the carriage status of such pathogens in housefly population in different parts of Iran is lacking.

Recent studies suggest flies may play an important role in the spread of antimicrobial resistance within the microbial community [5, 17]. Additionally, the development of antibiotic resistance among clinical bacterial isolates and commensal bacteria of people and animals, as well as bacteria in other habitats, raises a concern that flies may be vector competent not only for specific pathogens but also for non-pathogenic bacteria carrying antibiotic resistance genes [18]. Consequently this study was conducted with the aim of determining the presence and antimicrobial resistance pattern of *Campylobacter* and *Salmonella* in the houseflies collected in Shahrekord and Isfahan provinces of Iran.

Material and Methods

Study Area, Design and Sample Collection

This was a longitudinal study conducted from June 2013 to May 2014 (collected weekly) in Isfahan and Shahrekord provinces of central and southwestern Iran respectively. It was conducted on 600 houseflies collected from household kitchens (n = 4), cattle farms (n = 4), chicken farms (n = 2), animal hospitals (n = 2), slaughter houses (n = 2) and human hospitals (n = 4). The flies were collected either by manual capture or by using sticky traps. Following capture the fly samples were transported to the laboratory of Biotechnology Research Center using separate sterile tubes to prevent any contamination due to mixing of the samples. In the laboratory flies were identified and killed by refrigeration in $-20\text{ }^{\circ}\text{C}$ cold chamber. They were then placed in 5 ml peptone water and left at room temperature for 5 h before being processed for bacterial isolation.

Isolation of Bacteria from Fly Samples

Flies were examined for the presence of *Campylobacter* and *Salmonella*. For *Salmonella* isolation, swab from peptone water were cultured onto Mac Conkey agar plates and incubated at $37\text{ }^{\circ}\text{C}$ for 24 h. Yellowish non-lactose fermenting colonies were considered as *Salmonella* suspect colonies. These colonies were subcultured on Xylose lysine desoxycholate (XLD) agar selective media. After incubation, typical *Salmonella* colonies with slightly transparent zone of reddish color and a black center were picked up and colonies were considered as those of *Salmonella* and

subjected to gram staining and biochemical tests such as Oxidase, Triple Sugar Iron (TSI) agar, Urea broth, Indole, MR-VP, Simon citrate, Motility and Lysine Iron Agar (LIA).

For *Campylobacter* isolation swab from peptone water were cultured onto *Campylobacter* Blood Free Selective Agar (Oxoid) plate supplemented with CCDA *Campylobacter* Selective Supplement (Oxoid). All the plates were incubated at $42\text{ }^{\circ}\text{C}$ for 48 h, under microaerophilic condition which was generated by using an anaerobic jar containing a gas generating pack (GasPak EZ Campy, BD). The plates were examined for colonies typical of *Campylobacter* namely, round translucent colonies, raised, convex and glistening, with an entire edge and a tendency to spread along streaking lines. The suspected colonies were then examined for oxidase positive, gram negative, slender, spiral curved rods which also appeared as s-shape and gull-winged shape, with typical corkscrew, twirling and darting movements under hanging drop examination. Two to three colonies were then selected and transferred onto a Columbia Blood Agar (Oxoid) plates with 5 % defibrinated horse blood added, incubated at $37\text{ }^{\circ}\text{C}$ for 24 h under aerobic condition. For identification on colonies isolated from the blood agar plates, the authors used standard microbiological and biochemical procedures including gram staining, production of catalase, oxidase, hippurate hydrolysis, urease activity, indoxyl acetate hydrolysis, and susceptibility to cephalotin.

DNA Extraction

Genomic DNA was extracted from all isolates using Cinnagen DNA extraction kit (Cinnagen, Tehran, Iran) according to the manufacturer's instructions. The extracted DNA was quantified by spectrophotometric measurement at a wavelength of 260 nm according to the method described by Sambrook and Russell [19]. Extracted DNA samples were stored frozen at $-20\text{ }^{\circ}\text{C}$ until used for molecular analysis using PCR at the Biotechnology Research Center.

PCR Assay

PCR test was performed to confirm the isolated *Salmonella* and *Campylobacter* spp. using methods described previously by Rahn et al. [20] for *Salmonella* and Denis et al. [21] for *Campylobacter*. The primers used for amplification of each of these organisms and their target genes are shown in Table 1. Amplification reactions were carried out in a total volume of 25 μl , consisting of 1 μM of each set of primers, 2 mM MgCl_2 , 200 μM dNTP, 5 μl of 10X PCR buffer, 1 U of Taq DNA polymerase (Fermentas, Germany) and 1 μg of template DNA. Thermal PCR conditions for *Salmonella* consisted of 35 cycles of 1 min for denaturation at $95\text{ }^{\circ}\text{C}$, 30 s for annealing at $56\text{ }^{\circ}\text{C}$, and 30 s

Table 1 Primers used in PCR for detection of *Salmonella* and *Campylobacter* spp. *Salmonella* in housefly samples

Organism (target gene)	Primers sequences	PCR product band size (bp)
<i>Salmonella</i> (invA gene)	F: 5'-GTGAAATTATCGCCACGTTTCGGGCAA-3'	284
	R: 5'-TCA TCGCACCGTCAAAGGAACC-3'	
<i>Campylobacter</i> spp. (16S rRNA)	MD16S1: 5'-ATC TAA TGG CTT AAC CAT TAA AC-3'	857
	MD16S2: 5'-GGA CGG TAA CTA GTT TAG TAT T-3'	

for primer extension at 72 °C, followed by a terminal extension at 72 °C for 10 min. The products were then maintained at 4 °C until processed.

Thermal PCR conditions for *Campylobacter* consisted of 10 min of initial denaturation at 95 °C, followed by 35 cycles of denaturation each consisting of 30 s at 95 °C, 30 s of annealing at 59 °C, 1 min of extension at 72 °C and a final extension step of 10 min at 72 °C. The products were then maintained at 4 °C until processed. DNase-free water was used as negative control to confirm the absence of contamination of material and facilities and removal of experimental errors and to prove the exclusion of non-target DNA. The amplified products were analyzed in 1.5 % agarose gel. Electrode buffer was TBE {Tris-base 10.8 g 89 mM, Boric acid 5.5 g 2 mM, EDTA (pH 8.0) 4 ml of 0.5 M EDTA (pH 8.0) combined all components in sufficient H₂O and stirred to dissolve}. Gels were stained with ethidium bromide. Aliquots of 10 µl of PCR products were applied to the gel. Constant voltage of 80 for 20 min was used for product separation. After electrophoresis images were obtained in UVitec documentation systems (UK).

Antimicrobial Resistance Testing

Antimicrobial resistance test was performed by Kirby-Bauer disc diffusion method on Mueller–Hinton agar (MV1084, HiMedia Laboratories) based on recommendations of CLSI (formerly the National Committee for Clinical Laboratory Standards, NCCLS) [22]. Antimicrobial resistance test for *Campylobacter* was performed on Mueller–Hinton agar supplemented with 5 % lyse sheep blood according to CLSI [22]. The following antibiotics were used in this study: ampicillin, amoxicillin–clavulanic acid, aztreonam, ceftazidime, cefalothin, cefixime, chloramphenicol, ceftriaxone (rocephin), doxycycline, cefotaxime, ciprofloxacin, gentamicin, imipenem/cilastatin, norfloxacin, kanamycin, nalidixic acid, oxytetracycline, streptomycin, and tetracycline and trimethoprim–sulfamethoxazole. *Staphylococcus aureus* and *Escherichia coli* were used as quality control organisms in antimicrobial susceptibility determination. *E. coli* ATCC 25922 and *S. aureus* ATCC 29213 were used for the quality control.

Statistical Analysis

Statistical analysis was carried out using SPSS statistical software version 17.0 (SPSS Inc. Chicago, IL, USA). Descriptive statistics were computed to determine frequencies of fly samples positive for each of the two bacterial species and frequencies of resistance to different antimicrobials. Chi square test was used to determine significance of the observed differences in proportions between locations and seasons.

Results and Discussion

Detection of the Organisms Among the Flies

The overall recovery frequencies of *Salmonella* and *Campylobacter* from houseflies were 15.8 % (95/600) and 19.5 % (117/600) respectively. The recovery frequencies of *Salmonella* and *Campylobacter* in the specific provinces were 15.0 % (45/300) and 21.7 % (65/300) respectively in Shahrekord; and 16.7 % (50/300) and 17.3 % (52/300) respectively in Isfahan. The observed differences in these proportions of *Salmonella* were not statistically significant ($P > 0.05$). However, the frequency of *Campylobacter* was significantly different between the two provinces ($P < 0.05$). The sampling location specific recovery frequencies are displayed in Table 2. The recovery frequencies of these organisms were more or less similar in all the sampling locations. Nevertheless, cattle farm, animal hospital and slaughter houses showed significantly higher levels of total recovery frequencies as compared to kitchens, chicken farms and human hospitals ($P < 0.05$). Seasonal recovery frequencies of the organisms are displayed in Table 3. The frequencies were significantly high during summer and low during winter for both the bacteria ($P < 0.05$).

Antimicrobial Resistance

Different proportions of *Salmonella* and *Campylobacter* were found to be resistant to each of the antimicrobials tested (Table 4). Higher frequencies of resistance of

Table 2 Recovery frequencies of *Salmonella* and *Campylobacter* organisms from houseflies captured at different locations in Shahrekord and Isfahan provinces of Iran

Location	Prevalence of enteric bacteria (%)	
	<i>Salmonella</i>	<i>Campylobacter</i> spp.
Kitchens (n = 4)	9.0 (9/100)	16.0 (16/100)
Cattle farms (n = 4)	20.0 (20/100)	21.0 (21/100)
Chicken farms (n = 2)	13.0 (13/100)	14.0 (15/100)
Slaughter houses (n = 2)	23.0 (23/100)	27.0 (28/100)
Animal hospitals (n = 2)	20.0 (20/100)	22.0 (23/100)
Human hospitals (n = 4)	10.0 (10/100)	17.0 (17/100)

Table 3 Seasonal recovery frequencies of *Salmonella* and *Campylobacter* organisms from houseflies captured at different locations in Shahrekord and Isfahan provinces of Iran

Season	Prevalence of enteric bacteria (%)	
	<i>Salmonella</i>	<i>Campylobacter</i> spp.
Spring	16.7 (25/150)	22.0 (33/150)
Summer	28.7 (43/150)	34.7 (52/150)
Autumn	12.7 (19/150)	14.7 (22/150)
Winter	5.3 (8/150)	6.7 (10/150)

Salmonella were observed for Doxycycline and of *Campylobacter* for Imipenem/cilastatin.

The role of houseflies as reservoirs of infectious microorganisms has been described by several researchers [11–13, 23]. Because of their habitat preference, mobility, feeding habits, and attraction to residential areas, the flies have a great potential to disseminate bacterial pathogens, including those incriminated to cause human and animal infections [24, 25]. Flying back and forth between different sites [26] the flies transmit the pathogens to surrounding communities both mechanically, via contaminated mouthparts and legs; and biologically, via excretion of ingested microbes either in vomit or feces [27].

The present study demonstrates occurrence at different proportions of *Campylobacter* (19.5 %) and *Salmonella* (15.8 %) in houseflies captured in Isfahan and Shahrekord provinces of central and southwestern Iran. At varying frequencies, flies collected from all the locations were positive for these potential enteric pathogens. It is likely that the flies picked up the organisms from the contaminated surrounding environments [11]. The possible sources of the organisms in the farm, animal hospital and slaughter house environments could be feces of infected animals whereas in household kitchens and human hospitals the flies could have picked up the organisms from animals' feces and garbage bins. Some earlier workers have reported carriage of *Campylobacter* in flies found in and around

Table 4 Antimicrobial resistance profiles of *Salmonella* spp. and *Campylobacter* spp. isolates against 20 antimicrobial agents

Antimicrobial agent	Proportion of resistant isolates (%)	
	<i>Salmonella</i> (n = 95)	<i>Campylobacter</i> (n = 117)
Ampicillin	26.3	24.8
Amoxicillin–clavulanic acid	30.5	19.7
Aztreonam	21.1	17.1
Ceftazidime	35.8	20.5
Cefalothin	23.2	31.6
Cefixime	22.1	21.4
Chloramphenicol	40.0	27.4
Ceftriaxone (Rocephin)	24.2	30.0
Doxycycline	52.6	19.7
Cefotaxime	21.1	24.8
Ciprofloxacin	15.8	33.3
Gentamicin	34.7	21.4
Imipenem/cilastatin	31.6	39.3
Norfloxacin	34.7	30.0
Kanamycin	29.5	24.8
Nalidixic acid	52.6	19.7
Oxytetracycline	52.6	17.1
Streptomycin	52.6	20.5
Tetracycline	52.6	31.6
Trimethoprim–Sulfamethoxazole	30.5	21.4

chicken farms [12, 28, 29]. However, a study in Malaysia [30] was not able to recover *Campylobacter* from houseflies in an animal ward and a cafeteria but was able to isolate *Salmonella* from flies captured in these locations. This observation could be associated with differences in levels of contamination at different locations with the organisms in question which implies variations in sources of exposure to the organisms among the flies.

It was noted in the present study that houseflies derived from all the sampling locations were unequally infected with *Salmonella*. This observation is suggestive of unequal levels of contamination in the different locations. This is as the result of higher level of contamination with the organisms in farms, animal hospital wards and slaughter houses originating from the animal feces, as opposed to hospital wards and household kitchens where hygiene is always observed. The current observation needs to be validated by employing a longer study duration and involvement of a large number of locations to increase precision.

The present study investigated and revealed carriage of bacterial pathogens on both, the external body parts and in the gut of houseflies. These findings indicate that the flies may act as mechanical and biological vectors of bacterial pathogens [31]. Having this microbe found in both the gut

and surface of flies is of paramount importance in its transmission and possibly change of disease epidemiology. Bacteria in houseflies can remain viable for days or weeks in the gut and expelled either in wound or food.

Healthcare-associated infections are among the challenges that the medical professionals face. Their frequencies remain unacceptably high and are associated with excess morbidity, mortality and increased healthcare costs [32]. The flies are likely to disseminate the bacteria they carry to patients and/or workers through contaminating food and/or water.

Houseflies are of common occurrence in livestock farms with varying numbers depending on season. Their contamination with potential human and animal pathogens has been reported earlier [30]. In the current study the flies collected from cattle farms were found infected with both the two bacterial species searched for i.e. *Campylobacter* and *Salmonella*.

The present results reveal exposure of the flies, in farm environments, to these and possibly other microorganisms. A study by Shane et al. [33] found that houseflies confined in a Horsfall isolator containing chickens were positive for and excreting *Campylobacter*. The authors also revealed that, in turn, contaminated flies were able to transmit the organisms to *Campylobacter*-free chickens.

Many infectious diseases in temperate countries display seasonality, exhibiting patterns associated with weather conditions [34–37]. Such diseases include bacterial infections caused by *Campylobacter* and *Salmonella* spp., which display seasonal peaks in summer, alternating with low background levels of infection [38–44]. Understanding these seasonal trends in infectious diseases is important for improving disease surveillance.

Detection of *Campylobacter* and *Salmonella* in houseflies inhabiting the household kitchens is of great concern. This is because the two bacterial species, which are among the leading diarrheagenic bacteria worldwide, are transmitted through food. According to Dawkins et al. [45] once *Campylobacter* is introduced in the kitchen, the organism contaminates surrounding work areas. Since *Campylobacter* infections are known to require a low infectious dose [31] it is suggested that their transmission by flies may be the most important source of infection in the kitchen and in commercial food establishments [15]. This could also hold true for infections caused by *Salmonella* species.

Both *Campylobacter* [46–48] and *Salmonella* [49–51] have been reported to display resistance to different antimicrobial agents. This has included those antimicrobial agents known to be of choice for treatment of infections attributed to the two organisms, which include fluoroquinolones and macrolides for *Campylobacter* [48, 52] and fluoroquinolones and third-generation cephalosporins for *Salmonella* [49, 50, 53]. Isolates of

Campylobacter and *Salmonella* derived from houseflies in the present study were also resistant, at different frequencies, to a number of commonly used antimicrobials in the veterinary and human medicine fields. The resistance levels were low to moderate unlike in other studies where up to 100 % resistance was found for some antimicrobials [51]. Observations that these organisms are resistant to different antimicrobials, including those which were effective against them, are indicative of the effects of their indiscriminate use [51]. Several studies suggested that some strains of *Salmonella* and *Campylobacter* showed resistance to imipenem [54–57].

Conclusion

The authors conclude that housefly may be considered as important vector of antimicrobial resistant bacterial species causing gastrointestinal diseases including *Campylobacter* and *Salmonella*. The carried organisms are resistant to a number of antimicrobials at different levels. Thus, future plans aimed at stemming infections caused by these zoonotic organisms should take flies into account.

Acknowledgments The authors would like to acknowledge the valuable contribution of Dr. Simbarashe Katsande and Dr. Erick V. G. Komba.

Compliance with Ethical Standards

Conflict of interest The authors declare no conflict of interest with respect to the research, authorship and/or publication of this article.

References

1. EFSA (European Food Safety Authority) (2012) The European Union summary report on trends and sources of zoonoses, zoonotic agents and foodborne outbreaks in 2010. EFSA J 2010:2597
2. Wray C, Davies RH (2003) The epidemiology and ecology of *Salmonella* in meat-producing animals. In: Torrence ME, Isaacson RE (eds) Microbial food safety in animal agriculture. Iowa State Press, Iowa City, pp 75–82
3. Kaneene JB, Potter RC (2003) Epidemiology of *Campylobacter* spp. in animals. In: Torrence ME, Isaacson RE (eds) Microbial food safety in animal agriculture. Iowa State Press, Iowa City, pp 175–181
4. West LS (1951) The housefly. Its natural history, medical importance, and control. Comstock Publishing Co. Inc., New York
5. Hemmatinezhad B, Ommi D, Taktaz Hafshejani T, Khamesipour F (2015) Molecular detection and antimicrobial resistance of *Pseudomonas aeruginosa* from houseflies (*Musca domestica*) in Iran. J Venom Anim Toxins 21:18. doi:10.1186/s40409-015-0021-z
6. Ommi D, Hashemian SM, Tajbakhsh E, Khamesipour F (2015) Molecular detection and antimicrobial resistance of *Aeromonas* from houseflies (*Musca domestica*) in Iran. Rev MVZ Córdoba 20(Supl):4929–4936

7. Förster M, Klimpel S, Sievert K (2009) The house fly (*Musca domestica*) as a potential vector of metazoan parasites caught in a pig-pen in Germany. *Vet Parasitol* 160:163–167
8. Blunt R, McOrist S, McKillen J, McNair I, Jiang T, Mellits K (2011) House fly vector for porcine circovirus 2b on commercial pig farms. *Vet Microbiol* 149:452–455
9. Nielsen AA, Skovgard H, Stockmarr A, Handberg KJ, Jorgensen PH (2011) Persistence of low-pathogenic avian influenza H5N7 and H7N1 subtypes in house flies (Diptera: Muscidae). *J Med Entomol* 48:608–614
10. Davari B, Khodavaisy S, Ala F (2012) Isolation of fungi from housefly (*Musca domestica* L.) at Slaughter House and Hospital in Sanandaj, Iran. *J Prev Med Hyg* 53:172–174
11. Holt PS, Geden CJ, Moore RW, Gast RK (2007) Isolation of *Salmonella enterica* serovar Enteritidis from houseflies (*Musca domestica*) found in rooms containing *Salmonella* serovar Enteritidis-challenged hens. *Appl Environ Microbiol* 73:6030–6035
12. Rosef O, Kapperud G (1983) House flies (*Musca domestica*) as possible vectors of *Campylobacter fetus* subsp. *jejuni*. *Appl Environ Microbiol* 45:381–383
13. Nazni WA, Seleena B, Lee HL, Jeffery J, Rogayah TAR, Sofian MA (2005) Bacteria fauna from the house fly, *Musca domestica* (L.). *Trop Biomed* 22:225–231
14. Olsen AR, Hammack TS (2000) Isolation of *Salmonella* spp. from the housefly, *Musca domestica* L., and the dump fly, *Hydrotaea aenescens* (Wiedemann) (Diptera: Muscidae), at caged-laer house. *J Food Prot* 63:958–960
15. Nicholls GL (2005) Fly transmission of *Campylobacter*. *Emerg Infect Dis* 11(3):361–364
16. Wales AD, Carrique-Mas JJ, Rankin M, Bell B, Thind BB, Davies RH (2010) Review of the carriage of zoonotic bacteria by arthropods, with special reference to *Salmonella* in mites, flies and litter beetles. *Zoonoses Public Health* 57:299–314
17. Liu Y, Yang Y, Zhao F, Fan X, Zhong W, Qiao D, Cao Y (2013) Multi-drug resistant gram-negative enteric bacteria isolated from flies at Chengdu Airport, China. *Southeast Asian J Trop Med Public Health* 44(6):988–996
18. Barreiro C, Albano H, Silva J, Teixeira P (2013) Role of flies as vectors of foodborne pathogens in rural areas. *ISRN Microbiol*. doi:10.1155/2013/718780
19. Sambrook J, Russell D (2001) *Molecular cloning: a laboratory manual*, 3rd edn. Cold Spring Harbor Laboratory, Cold Spring Harbor
20. Rahn K, De Grandis SA, Clarke RC, McEwen SA, Galán JE, Ginocchio C, Curtiss R, Gyles CL (1992) Amplification of an *invA* gene sequence of *Salmonella typhimurium* by polymerase chain reaction as a specific method of detection of *Salmonella*. *Mol Cell Probes* 6:271–279
21. Denis M, Refrégier-Petton J, Laisney M-J, Ermel G, Salvat G (2001) *Campylobacter* contamination in French chicken production from farm to consumers. Use of a PCR assay for detection and identification of *Campylobacter jejuni* and *Camp. coli*. *J Appl Microbiol* 91:255–267. doi:10.1046/j.1365-2672.2001.01380.x
22. Standards NCFCL (2008) Performance standards for antimicrobial disk and dilution susceptibility tests for bacteria isolated from animals; approved standard. In: A3 NdM, 2 edition. National Committee for Clinical Laboratory Standards, Wayne
23. Gupta AK, Nayduch D, Verma P, Shah B, Ghate HV, Patole MS, Shouche YS (2012) Phylogenetic characterization of bacteria in the gut of house flies (*Musca domestica* L.). *FEMS Microbiol Ecol* 79:581–593
24. Graczyk TK, Knight R, Gilman RH, Cranfield MR (2001) The role of non-biting flies in the epidemiology of human infectious diseases. *Microbes Infect* 3:231–235
25. Zurek L, Gorham JR (2008) Insects as vectors of foodborne pathogens. In: Voeller JG, Hoboken NJ (eds) *Wiley handbook of science and technology for homeland security*. Wiley, New Jersey, pp 1–16
26. Hui YH (2006) *Handbook of food science, technology and engineering*, vol 3. CRC Press, Taylor & Francis Group, Boca Raton, FL, USA
27. Joyner C, Mills MK, Nayduch D (2013) *Pseudomonas aeruginosa* in *Musca domestica* L.: temporospatial examination of bacteria population dynamics and house fly antimicrobial responses. *PLoS ONE* 8:e79224
28. Newell DG, Fernley C (2003) Sources of *Campylobacter* colonization in broiler chickens. *Appl Environ Microbiol* 69:4343–4351
29. Hald B, Skogvard H, Band DD, Pedersen K, Dybdahl Jesperse JB, Madsen M (2004) Flies and *Campylobacter* infection of broiler flocks. *Emerg Infect Dis* 10(8):1490–1492
30. Choo LC, Saleha AA, Wai SS, Fauziah N (2011) Isolation of *Campylobacter* and *Salmonella* from houseflies (*Musca domestica*) in a university campus and a poultry farm in Selangor, Malaysia. *Trop Biomed* 28(1):16–20
31. Humphrey T, O'Brien S, Madsen M (2007) *Campylobacters* as zoonotic pathogens: a food production perspective. *Int J Food Microbiol* 117:237–257
32. Kok J, O'Sullivan MV, Gilbert GL (2011) Feedback to clinicians on preventable factors can reduce hospital onset *Staphylococcus aureus* bacteraemia rates. *J Hosp Infect* 79(2):108–114
33. Shane SM, Montrose MS, Harrington KS (1985) Transmission of *Campylobacter jejuni* by the housefly (*Musca domestica*). *Avian Dis* 29(2):384–391
34. Green C, Krause D, Wylie J (2006) Spatial analysis of *Campylobacter* infection in the Canadian province of Manitoba. *Int J Health Geogr* 5:2
35. Naumova EN (2006) Mystery of seasonality: getting the rhythm of nature. *J Public Health Policy* 27:2–12
36. Fisman DN (2007) Seasonality of infectious diseases. *Annu Rev Public Health* 28:127–143
37. Naumova EN, Jagai JS, Matyas B, DeMaria A, MacNeill IB, Griffiths JK (2007) Seasonality in six enterically transmitted diseases and ambient temperature. *Epidemiol Infect* 135:281–292
38. Hudson JA, Nicol C, Wright J, Whyte R, Hasell SK (1999) Seasonal variation of *Campylobacter* types from human cases, veterinary cases, raw chicken, milk and water. *J Appl Microbiol* 87:115–124
39. Nylen G, Dunstan F, Palmer SR, Andersson Y, Bager F, Cowden J, Feierl G, Galloway Y, Kapperud G, Megraud F, Molbak K, Petersen LR, Ruutu P (2002) The seasonal distribution of *Campylobacter* infection in nine European countries and New Zealand. *Epidemiol Infect* 128:383–390
40. Kovats RS, Edwards SJ, Hajat S, Armstrong BG, Ebi KL, Menne B (2004) The effect of temperature on food poisoning: a time-series analysis of salmonellosis in ten European countries. *Epidemiol Infect* 132:443–453
41. Patrick ME, Christensen LE, Waino M, Ethelberg S, Madsen H, Wegener HC (2004) Effects of climate on incidence of *Campylobacter* spp. in humans and prevalence in broiler flocks in Denmark. *Appl Environ Microbiol* 70:7474–7480
42. Kovats RS, Edwards SJ, Charron D, Cowden J, D'Souza RM, Ebi KL, Gauci C, Gerner-Smidt P, Hajat S, Hales S, Hernández Pezzi G, Kriz B, Kutsar K, McKeown P, Mellou K, Menne B, O'Brien S, van Pelt W, Schmid H (2005) Climate variability and *Campylobacter* infection: an international study. *Int J Biometeorol* 49:207–214
43. Meldrum RJ, Griffiths JK, Smith RM, Esnas MR (2005) The seasonality of human *Campylobacter* infection and *Campylobacter* isolates from fresh, retail chicken in Wales. *Epidemiol Infect* 133:49–52

44. Keegan VA, Majowicz SE, Pearl DL, Marshall BJ, Sittler N, Knowles L, Wilson JB (2009) Epidemiology of enteric disease in C-EnterNet's pilot site-Waterloo region, Ontario, 1990 to 2004. *Can J Infect Dis Med Microbiol* 20:79–87
45. Dawkins HC, Bolton FJ, Hutchinson DN (1984) A study of the spread of *Campylobacter jejuni* in four large kitchens. *J Hyg (Lond)* 92:357–364
46. de Jong A, Thomas V, Simjee S, Godinho K, Schiessl B, Klein U, Butty P, Vallé M, Marion H, Shryock TR (2012) Pan-European monitoring of susceptibility to human-use antimicrobial agents in enteric bacteria isolated from healthy food-producing animals. *J Antimicrob Chemother* 67:638–651
47. Mansouri-najand L, Saleha AA, Wai SS (2012) Prevalence of multidrug resistance *Campylobacter jejuni* and *Campylobacter coli* in chickens slaughtered in selected markets, Malaysia. *Trop Biomed* 29(2):231–238
48. Ghosh R, Uppal B, Aggarwal P, Chakravarti A, Jha AK (2013) Increasing antimicrobial resistance of *Campylobacter jejuni* isolated from paediatric diarrhea cases in a tertiary care hospital of New Delhi, India. *J Clin Diagn Res* 7(2):247–249
49. Capoor MR, Nair D, Hasan AS, Aggarwal P, Gupta B (2006) Typhoid fever: narrowing therapeutic options in India. *Southeast Asian J Trop Med Public Health* 37:1170–1174
50. Kanungo S, Dutta S, Sur D (2008) Epidemiology of typhoid and paratyphoid fever in India. *J Infect Dev Ctries* 2:454–460
51. Singhal L, Gupta PK, Kale P, Gautam V, Ray P (2014) Trends in antimicrobial susceptibility of *Salmonella Typhi* from North India (2001–2012). *Indian J Med Microbiol* 32:149–152
52. McDermott PF, Bodeis SM, Aarestrup FM, Brown S, Traczewski M, Fedorka-Cray P, Wallace M, Critchley IA, Thornsberry C, Graff S, Flamm R, Beyer J, Shortridge D, Piddock LJ, Ricci V, Johnson MM, Jones RN, Reller B, Mirrett S, Aldrobi J, Rennie R, Brosnikoff C, Turnbull L, Stein G, Schooley S, Hanson RA, Walker RD (2004) Development of a standardized susceptibility test for *Campylobacter* with quality-control ranges for ciprofloxacin, doxycycline, erythromycin, gentamicin, and meropenem. *Microb Drug Resist* 10:124–131
53. Raveendran R, Wattal C, Sharma A, Oberoi JK, Prasad KJ, Datta S (2008) High level ciprofloxacin resistance in *Salmonella enterica* isolated from blood. *Indian J Med Microbiol* 26:50–53
54. Albert MJ (2013) In vitro susceptibility of *Campylobacter jejuni* from Kuwait to tigecycline and other antimicrobial agents. *Indian J Med Res* 137:187–190
55. Armand-Lefèvre L, Leflon-Guibout V, Bredin J, Barguelli F, Amor A, Pagès JM, Nicolas-Chanoine MH (2003) Imipenem resistance in *Salmonella enterica* serovar Wien related to porin loss and CMY-4 beta-lactamase production. *Antimicrob Agents Chemother* 47(3):1165–1168
56. Miriagou V, Tzouveleki LS, Rossiter S, Tzelepi E, Angulo FJ, Whichard JM (2003) Imipenem resistance in a *Salmonella* clinical strain due to plasmid-mediated class A carbapenemase KPC-2. *Antimicrob Agents Chemother* 47(4):1297–1300
57. Mosca A, Del Gaudio T, Miragliotta G (2010) Imipenem-resistant *Campylobacter fetus* bloodstream infection. *J Chemother* 2(2):142