# **IMPLICATIONS OF FOODBORNE BACTERIA ON HUMAN HEALTH:**

Our Kaiser Permanente col laborators shipped retail poult ry

collected within the designated Southem California

We enriched our chicken using a multi-step, multi-day

process to select for Campylobacter spp. and Salmonella

STEP 1: PROCESSING STATION SETUP

samples

STEP 2: CHICKEN PROCESSING AND

through typical process. Multiple racks have been filled with broths and chicker

catchment area to our laboratory in Washington, D.C.

CATCHM T ARE

etting up racks and

auto daved broths prior to

Isolation and Antibiotic Resistance of Salmonella enterica and Campylobater spp. on Retail Chicken Sold in California



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## ABSTRACT

Ov ou se of an tib io tics con tr butes to an timicro bial resistance (AMR) which continues to be a growing hreat to human health. In the United States, in dustrial food an imal production (IFAP) is a formid able driver for antibiotic use. Prior work has focused on the link between antimicrobial use in poultry and human AMR in fections. Common food born ep athog ens such as Sa Imon ella en teriar (S. en teriar) along with Campybbacter abli(C. coli) and Campylobacter jejuni(C. jejuni)are commonly associated with human gastroenteritis. However, it has been shown hat these pathogens are capable of causing disease o utside of the gastro in testin al tract, specifically urin ary tract in fections (UIIs). Due to heir ubiquitous nature on raw and undercooked poulty, hese pathogens serve as an overlooked source of UTIs for individuals with exposure to retail poulty. AMR has been me a major public healh concern and predicted to cause more than 10 million AMR related deaths.

In 2015, California passed senate bill 27 (SB27), he first bill of its k ind to restrict the use of an timicrobial drugs in the poultry in dusty. Implemented on January 1, 2018, the legislation places poultry farmers' ability to administer "medically important antimicrobial dnugs" to heir livestock under he discretionary supervision of licensed veterinarians. The legislation is intended to reduce an thiotic usage in the poultry industry for non-herapeutic purposes such as preventative measures, promoting weight gain, or improving feed efficiency.

This study, therefore, examined the relationship between he implementation of SB-27 and rates of AMR in Salmonella and Campyb bacter species present on retail chick en produced and soll in California. Samples were collected weekly from September 2017 through April 2018. Collection sizes ranged from 30-70 samples. S enterica, C. coli, and C. jejini were selected and isolated from he meat. Confirmed isolates were then subjected to AMR testing. S enterica was found on 152% of samples and Campyloba cter spp. on 280% of samples. Resistan ce was found in 14 of 15 antibiotics tested on Salmonella positive samples. Resistance was found on 7 of 7 antibiotics tested on Campybbacter positive samples. In future analyses, the AMR profiles of he retail poultry isolates will be compared to those of clinical iso lates from UII patientsd iagnosed in proximity to he outlets from which poultry samples were collected. This comparison probes the valid ity of he foodborn eurinary trad in fection (FUII) paradigm for Samonella and Campyb bacter, which posits the sign ficance of foodbome reservoirs of pathogenic bacteria lead in g to the acquisition of unin any tract in fection.

## **METHODS**

PREPARATORY AND INTERMEDIATE PROCESSING STEPS: BROTH PREPARATION, SUBSTITUTION, AND FREEZING



Pictured: Substitution of broti second-day enrichment step for Bolton broth, used for the

ISOLATION WORKFLOW



## **FUTURE WORK**

### CLINICAL CROSS-REFERENCING

- Our Kaiser Permanente collaborators will be collecting clinical UTI samples from the Southem California catchment area and send them to us for further testing
- These samples will undergo isolation processing to test for the presence of Salmonella and Campylobacter.
- Positive Salmonella and Campylobacter isolates from clinical samples will undergo antibiotic susceptibility testin g
- Isolates from clinic al and meat samples willundergo whole genome sequencing (WGS) to determine their genetic makeup
- Sequences from meat samples will be compared to sequences from clinical samples to hypothesize their phybgeny and to determine whether clinical UTI cases may have originated from bacteria present on retail poultry.
- Any links found will further shape the changing paradigm of how UIIs are contracted and how they might best be treated and prevented from clinical and public health perspectives. respectively.

### REFERENCES

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## **OBJECTIVES**

The objectives:

- To study the path way of UTI causing bacteria from retail chick en to humans
- To observe if a decrease in antibiotics used on chickens results in fewer UTI cases



## · Campylobacter was isolated from 28.0% (166523) of · Campylobacter was resistant to 3 of 3 antibiotics tested.

CAMPVLOBACTER

## Table 1. Salmonella Resistance Rates

assistant cutting

o raw chick en breasts for sampling

Half a breast per package was used for each bacterium tested.

samp les

Antibiotic	ARAC	NARMS
Ampicillin	45.5%	15.6%
Amoxicillin/Clavulanic Acid	43.6%	13.1%
Azithromycin	52.8%	-
Cefoxitin	30.8%	-
Ceftiofur	3.4%	12.2%
Ceftriaxone	1.9%	12.7%
Chloramphenicol	34.0%	
Ciprofloxacin	0.0%	0.0%
Gentamicin	7.2%	4.2%
Kanamycin	2.4%	-
Nalidixic Acid	3.4%	0.0%
Streptomycin	58.8%	30.8%
Sulfisoxazole	45.4%	27.0%
Tetracycline	56.0%	47.3%
Trimethoprim-Sulfamethoxazole	1.4%	0.4%
*Based on most recent year reported		

	tested. These were antibiotics for which more than 30% of the specimens tested were found to be resistant.			
	Table 2. Campylobacter Resistance Rates			
	Antibiotic	ARAC	NARMS*	
	Ciprofloxacin	15.7%	18.5%	
	Erythromycin	28.6%	5.0%	
	Tetracycline	35.2%	44.7%	
	*Based on most recent year reported			

SALMONELLA

Salmonella was foundon 15.2% (90/592) of samples.

· Salmonella was resistant to 14 of 15 antibiotics tested.

· Elevated resistance rates were noted for 7 of 15 antibiotics



# THE GEORGE WASHINGTON UNIVERSITY

**RESULTS AND CONCLUSIONS** 

WASHINGTON, DC

en v iron men tal microbiology 2005, 71 (7):4108-4111.

Antibiotic Resistance Action Center.



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