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RESEARCH PAPER

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Staphylococcus aureus associated with bovine mastitis in Quetta, Pakistan

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Abstract

Staphylococcus Mastitis is a one of the costly and major problem for dairy animals in Pakistan and worldwide. Aim: The main aim of this study was to isolate and identify the *Staphylococcus aureus* species, responsible for the bovine mastitis from dairy animals in different areas of Quetta city, Pakistan. Total of 20 affected samples were collected in which 14 (70%) infected samples were from Buffalo and 6 (30%) infected samples of cow were collected from 11 different dairy herds of Quetta city. Sample were identified on the basis of cultural and biochemical tests. Antibiogram study was performed. Staphylococcus *aureus* associated with were 66.66% from Buffalo and 33.33% were from cow indicating the higher prevalence in buffalo than cow. Udder-wise prevalence 28.57% of right front (RF) was positive. All isolate were resistance to colistin sulphate. Not any staph was isolated from Left Front (LF). *S. aureus* is sensitive to antibiotic, can be eradicated and thus will prevent the economic loss and health of domestic and dairy animals.

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Introduction

Mastitis can be defined as "mammary gland inflammation caused by different bacteria, that enter the udder and produce harmful toxin (Schroeder 1997). In dairy animals, It is the most important and costly disease, causing great economic losses due to reduction in milk yield, lowering its nutritive value (Lightner *et al.* 1988; Ali *et al.* 1989).Subclinical mastitis causes high economic losses in dairy herds than clinical mastitis about (Schultz *et al.* 1978).

Mastitis decrease the shelf life of processed milk, milk protein, sugar contents, fat and increase somatic cell count, results in substandard, sub-optimal output of fermented products (Urech *et al.* 1999). The affected animals like sheep, goat cattle and buffalo provide a mechanism of spread of diseases like tuberculosis, leptospirosis, sore throat, brucellosis and render it unfit for human consumption (Ratafia 1987).

The organisms causes the mastitis are staphylococci (*aureus* and. *epidermidis*), Streptococci (*dysgalactiae*, *agalactiae*, *bovis* and *Uberis*) coliforms (*Klebsiella pneumoniae* and *E. coli*) frequently *Nocardia*, *Pseudomonads*, yeast and *Mycoplasma* (*Mcdonald* 1979). Coagulase negative staphylococcus (CNS) (Lafi *et al.* 1994).

The common mastitis pathogens are environmental and contagious, S aureus, Str. agalactiae are common contagious pathogens and S. aureus is the predominant organism responsible for bovine mastitis (Kapur et al. 1992). Streptococci, Staphylococci followed by coli-form and coryne bacterium were the abundant groups of microorganisms in different areas of Pakistan and elsewhere, responsible for mastitis in dairy animals with prevalence ranges from 20-80%, the large capsule protects the S. aureus from attack by the host immunological defenses (Ghuman 1967; Chander and Baxi 1975; Hashmi et al. 1980; Anwar and Chaudhri 1983; Ahmad et al. 1991; Iqbal et al. 2004; Khan et al. 2004; Cenci-Goga et al. 2003).

Staphylococcus *aureus*, in Latin's *aureus* means "golden" a facultative anaerobic, Gram positive cocci, about 1 micrometer in diameter, under microscope its appears as grape-like clusters, often cause with hemolysis when grown on blood agar. Produce large golden yellow round colonies on rich medium, catalase positive- able to convert hydrogen peroxide (H_2O_2) to water and oxygen, the enzyme catalase differentiate it from streptococci. *S. aureus* is primarily coagulase positive- can produce "coagulase", a protein product which cause clot formation while most other *Staphylococcus* species are coagulase negative (Todar 2004).

Mastitis caused great losses because of lack of mastitis prevention practices like antibiotic therapy and teat dipping procedure in Pakistan, the prevalence of mastitis on the basis of surf field mastitis test was 58.7% while animal-wise prevalence 77.98% in buffaloes was recorded and it is an important cause of premature culling in imported Holstein Friesian cattle and in local born cattle; accounting for 22.5% of all culling in last decade (Arshad 1999; Bachaya *et al.* 2005; Samiullah *et al.* 2000). The present study was designed to identify *Staphlocoocus aureus* responsible for Bovine mastitis from different dairy herds of Quetta city, Pakistan.

Materials and Methods

Collection of milk samples

All the possible hygienic measures were adapted to collect 20 milk samples in pre labelled test tube of 05ml from different dairy herds of Quetta city of Pakistan. Each teat was separately scrubbed with a pledged of cotton moistened with 70% ethyl alcohol. About 05ml of milk from effected teat were collected after discarding the first few streams. In an ice box the collected samples were immediately cooled and transferred to the *Centre for Advance Studies in Vaccinology and Biotechnology* (CASVAB) University of Balochistan, Brewery Road Quetta, Pakistan for microbiological examination.

Surf Field Mastitis Test (Sfmt) Preparation

In 100 ml of common water adding 03grams of commonly used detergent powder (Surf Excell®, Lever Brothers, Pakistan), 03% of Surf solution was prepared. In petri plate, equal volume of surf solution and milk sample was mixed. Gel formation were the indication of positive mastitis and the gel formation was graded into four categories from higher to lower intensity as (++++), (+++), (++) and (+) (Muhammad *et al.* 1995; Muhammad *et al.* 2010).

Preparation of media and reagents

The Brian heart infusion broth (Oxoid), Brian heart infusion agar (Oxoid), Staphylococcus medium no 110 (Oxoid), Mannitol salt agar (Lab M), were used for isolation, purification and biochemical characterization. As per manufacturer's specification, all the said media's were mixed with distilled water in 500 ml quantity and were autoclaved at 15 lb/in² pressure per square inch (PSI) for 15 minutes at 121°C and allowed to cool down to 45°C. The solid media were aseptically poured into Petri plates, were allowed to solidify Liquid media were dispensed in clean pre-sterile test tubes having cotton wool plugs. The culture media(s) were incubated at 37°C for 24 hours to confirm sterility of the media. Sterile media were stored at 4°C.

Processing of samples

Milk samples were first inoculated in a brain heart infusion broth (BHI) and incubated at 37°C for 24 hours then transferred from BHI broth tubes to BHI agar plates and incubates at 37°C for 24 hours. The plates were checked for any bacterial growth next day. A suspected colony is picked up and further streaked on staphylococcus medium no 110 and mannitol salt agar for further confirmation of isolate. Similarly another colony was picked and gram stained. The isolate is identified as staphylococcus on the basis of their cultural, morphological characteristics (Hargitai et al. 1992) Staphylococcus produce small tiny colonies on staphylococcus medium no 110 and on mannitol salt agar produce yellow colonies with yellow zones. Pathogenic strain of staphylococcus. Staphylococcus aureus ferment mannitol salt and produce yellow coloration to the medium

Antibiotic sensitivity test

The Isolates were suspended in a normal saline solution and the suspension was adjusted to a

turbidity equivalent to a 0.5 McFarland standard (1.5 x 10⁸ colony forming unit (CFU)/ml). Drug susceptibility testing was performed by the agar disk diffusion method by spreading pure culture on Mueller Hinton agar and applying antibiotic-impregnated disc onto agar surface (Bauer *et al.* 1966). Plates were then inverted and incubated at 37°C for 18-24 hours and checked for confluent lawn of growth and uniform, circular zones of inhibition, was measured to nearest mm.

Results

Morphological characteristics of the isolates

Among Twenty (20) different milk samples o6 (30%) isolates produced circular, small, cream color colonies on Staphylococcus medium-110 after 24 hours incubation at 37°C. These small circular cream colonies were picked and further streaked on Staphylococcus medium-110 to achieve pure growth as shown in (Fig. 1-A). The *Staphylococcus aureus* produced typically small rounded yellow color colonies on Mannitol Salt Agar after 24 hours of incubation at 37°C (Fig. 1-B).

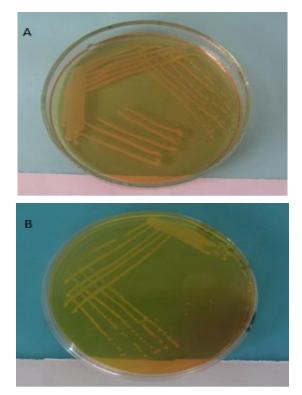


Fig. 1. (A) Colonies of *Staphylococcus aureus* on Staphylococcus medium 110 plates. (B) Typical yellow coloration of *Staphylococcus aureus* on Mannitol Salt Agar plate.

Sample	nple BHI BHI		Staph 110 Media		Manitol Salt Agar		Catalase	Coagalase
No	Broth	Agar	Growth	Morphology	Growth	Morphology	Test	Test
1.	+	+	+	Cocci	+	Cocci	+	+
2.	+	+	-	-	-	-	-	-
3.	+	+	+	Cocci	+	Cocci	+	+
4.	+	+	-	-	-	-	-	-
5.	+	+	+	Cocci	+	Cocci	+	+
6.	+	+	+	-	-	-	+	-
7.	+	+	-	-	-	-	-	-
8.	+	+	-	-	-	-	-	-
9.	+	+	-	-	-	-	-	-
10.	+	+	-	-	-	-	-	-
11.	+	+	+	Cocci	-	-	+	-
12.	+`	+	+	Cocci	+	Cocci	+	+
13.	+	+	-	-	-	-	-	-
14.	+	+	+	Cocci	+	Cocci	+	+
15.	+	+	-	-	-	-	-	-
16.	+	+	-	-	-	-	+	-
17.	+	+	+	-	-	-	-	-
18.	+	+	+	Cocci	-	-	+	-
19.	+	+	+	Cocci	+	Cocci	+	+
20.	+	+	+	Cocci	-	-	+	-

Table 1. Results of Growth on different medium with staining characters Catalase and coagulase test.

$Gram\ staining\ of\ the\ isolates$

Organisms were found in bluish clusters showing gram positive reaction under oil immersion (100X) lens (Fig. 2). Majority was clusters but some chains and diplococci were also observed.

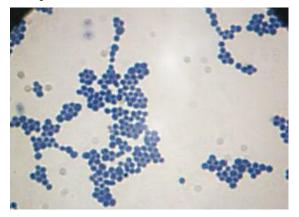


Fig. 2. Structure and staining characteristics of *Staphylococcus aureus under* microscope.

Antibiotic sensitivity test

After incubation different antibiotics (Table, 1) exhibited varying degree of inhibition zones as shown in (Fig. 6). Isolate were considered as sensitive, intermediate or resistance to a particular antimicrobial agent on the basis of inhibitory zone that match the criteria of the manufacturer interpretive table which follow the recommendation of National Committee for Clinical Laboratory Standard (Standards 2004). Among these five antibiotics Sulphamethoxazole Trimethoprim exhibited high zones ranging from 30-26mm diameter. And Colistin showed least sensitivity against theses isolates.



Fig. 3. Antibiotic sensitivity test by Disc diffusion method.

Specie, Sex and Age Wise Prevalence of Staphaureus In this study out of 20 samples 14 (70%) were collected from Buffalo and 6 (30%) were from cow. Out of 06 positive samples 04 (66.66%) were from Buffalo and 02 (33.33%) were from cow indicating the higher prevalence in buffalo than cow. udder-wise prevalence out of 20 samples 7 (35%) were from right front (RF), 2 (10%) were from right rear (RR) , 5 (25%) were from left front (LF), and 6 (30%) were from left rear (LR). out of 7 samples of right front (RF) 2 (28.57%) were positive. 02 samples were found positive from each of the right front (RF) right rear (RR) and left rear (LR) quarter while not any staph were isolated from Left Front (LF). Age wise 03 samples were found positive each from 1-5 years and above 05 years age.

Sample	Mean zone of inhibition (mm)							
ID	Novobiocin	Amoxicillin	Gentamycin	Sulphamethaxzole-	Colistan sulphate			
	NV5	AML10	CN10	trimethoprim	CT25			
				SXT25				
01	23	8	18	26	R			
03	29	R	12	28	R			
05	R	20	21	27	7			
12	25	10	24	26	R			
14	20	26	18	30	8			
19	20	30	20	28	7			

Table. 2. Effect of different antibiotics on *Staphylococcus aureus* by Disc diffusion method.

Discussion

Mastitis is the most important disease of all the domestic animals that affects both quality and quantity of milk yield. It directly affects the economy of the farmers in conjunction with the poor health of the animals. The losses due to mastitis might be higher in Pakistan because the mastitis prevention practices like teat dipping and dry period antibiotic therapy are not in practice (Arshad 1999). Staphylococcus aureus is both catalase and coagulase positive. The colonies were verified by biochemical tests i.e. catalase and coagulase test (Sears and McCarthy 2003). However there are certain species of Staphylococcus aureus that are coagulase negative. Out of 06 positive samples 04 were from buffalo and 02 were from cow exhibiting the higher prevalence of Staphylococcus aureus in buffalo (Farooq et al. 2008) (Hussain et al. 1984).

Udder-wise prevalence out of 6 positive samples, 02 samples were from right front (RF), 02 from right rear (RR) and 02 samples from left rear (LR) quarter while not any *Staphylococcus aureus* were isolated from Left Front (LF).These finding suggests that There is high prevalence in hind quarters than for quarters (Khan and Muhammad 2005) and (Sharif and Ahmad 2007).

The data of antibiotic sensitivity test of *Staphylococcus aureus* showed that it is resistance to colistin sulphate but is sensitive to Sulphamethaxzole-trimethoprim, Gentamycin, Amoxicillin and Novobiocin.

Among these antibiotics Gentamicin is very active against *Staphylococcus aureus* (Adesiyun 1994) and (Bezek 1998). Sulphamethaxzole-trimethoprim also shows great bactericidal activity against *Staphylococcus aureus* (Kaka *et al.* 2006). In our study *Staphylococcus aureus* shows great resistance against colistan sulphate (Efuntoye and Adetosoye 2003).

The use of antibiotics for the treatment of mastitis helps to a large extent in avoiding economic losses from the disease. Most of the *S. aureus* strains are normally sensitive to majority of antibiotics but antibiotic resistance is becoming a problem so it is advisable to perform antibiotic sensitivity test to minimize the hazard of drug resistance and to avoid economic loss on treatment. If a new *Staphylococcus aureus* is not treated, the bacteria penetrate the mammary gland tissue and the cow attempts to wall off the area, forming an abscess and eventually scars tissue (Belschner, *et al*, 1996)

Antibiotics sensitivity test on different strains of S. aureus in this study shows that all the strains of S. Sulphamethaxzoleaureus were sensitive to Amoxicillin trimethoprim, Gentamycin, and Novobiocin. So it is recommended that these antibiotics can be used for the treatment of mastitis caused by Staphylococcus aureus, more importantly managers of dairy herds should adopt good milking technique, thus it is our social responsibility to save dairy animals and can also prevent the losses while adapting mastitis preventing practices.

References

Adesiyun A. 1994. Bacteriological quality and associated public health risk of pre-processed bovine milk in Trinidad. International journal of food microbiology **21(3)**, 253-261.

Ahmad R, Javaid S, Lateef M. 1991. Studies on prevalence, etiology and diagnosis of subclinical mastitis in dairy animals. Pak Vet J **11**, 138-140.

Ali S, Superkar P, Shukla P. 1989. A study of incidence of subclinical mastitis (SCM) in cows in Mhow region. Gujrat Vet **16**, 16-28.

Anwar M, Chaudhri A. 1983. Subclinical mastitis in buffaloes around Lahore [Pakistan]. Pakistan Veterinary Journal (Pakistan).

Arshad G. 1999. A population based active disease surveillance and drug trails of mastitis in cattle and buffaloes of District Sargodha. MSc Thesis, Deptt: Vet. Clinical Medicine and Surgery, Univ. Agri., Faisalabad Pakistan.

Bachaya H, Iqbal Z, Muhammad G, Yousaf A, Ali H. 2005. Subclinical mastitis in buffaloes in Attock district of Punjab (Pakistan). Pakistan Veterinary Journal **25(3)**, 134.

Bauer A, Kirby W, Sherris JC, Turck M. 1966. Antibiotic susceptibility testing by a standardized single disk method. American journal of clinical pathology **45(4)**, 493.

Belschner A, Hallberg J, Nickerson S, Owens W. 1996. *Staphylococcus aureus* mastitis therapy revisited. National Mastitis Council (US). Meeting (USA).

Bezek D. 1998. Genus identification and antibiotic susceptibility patterns of bacterial isolates from cows with acute mastitis in a practice population. Journal of the American Veterinary Medical Association **212(3)**, 404-406.

Cenci-Goga B, Karama M, Rossitto P, Morgante R, Cullor JS. 2003. Enterotoxin production by *Staphylococcus aureus* isolated from mastitic cows. Journal of Food Protection® **66(9)**, 1693-1696.

Chander S, Baxi K. 1975. Diagnosis and treatment of subclinical mastitis in cows. Indian veterinary journal.

Efuntoye M, Adetosoye A. 2003. Enterotoxigenicity and drug sensitivity of *Staphylococci* from children aged five years and below with sporadic diarrhoea. East African medical journal **80(12)**, 656-659.

Farooq A, Inayat S, Akhtar M, Mushtaq M. 2008. Prevalence of mastitis and antibiotic sensitivity of bacterial isolates recovered from Niliravi buffaloes. The Journal of Animal and Plant Sciences **18**, 76-77.

Ghuman M. 1967. Studies on the etiology of mastitis in buffaloes in Lyallpur District. M Sc (Hons) thesis, Faculty Vet Sci, Univ Agri, Faisalabad Pakistan.

Hargitai C, Egyhazi K, Markus G. 1992. Tendencies in the trends of antibiotic sensitivity of udder-pathogenic bacteria. Magyar Allatorvosok Lapja **47(8)**, 429-429.

Hashmi H, Muneer M, Rizvi S, Nadeem M. 1980. Sub-clinical mastitis in cattle and buffaloes. Journal of Animal Health and Production (Pakistan).

Hussain M, Naeem K, Iqbal N. 1984. Sub-clinical mastitis in cows and buffaloes: Identification and drug susceptibility of causative organisms. Pakistan Veterinary Journal (Pakistan).

I**qbal M, Khan MA, Daraz B, Siddique U.** 2004. Bacteriology of mastitic milk and in vitro antibiogram of the isolates.

Kaka AS, Rueda AM, Shelburne SA, Hulten K, Hamill RJ, Musher DM. 2006. Bactericidal activity of orally available agents against methicillinresistant *Staphylococcus aureus*. Journal of antimicrobial chemotherapy **58(3)**, 680-683.

Kapur N, Ellison D, Smith M, McLellan D, Burrows E. 1992. Focal retrograde amnesia following bilateral temporal lobe pathology. Brain 115(1), 73-85.

Khan A, Muhammad G. 2005. Quarter-wise comparative prevalence of mastitis in buffaloes and crossbred cows. Pakistan Veterinary Journal **25(1)**, 9-12.

Int. J. Biosci.

Khan AZ, Khan A, Hayat C, Munir Z, Ayaz U. 2004. Prevalence of mastitis in buffaloes and antibiotics sensitivity profiles of isolates. Pak J Life Soc Sci **2(1)**, 73-75.

Lafi S, Al-Rawashdeh O, Ereifej K, Hailat N. 1994. Incidence of clinical mastitis and prevalence of subclinical udder infections in Jordanian dairy cattle. Preventive Veterinary Medicine **18(2)**, 89-98.

Lightner J, Miller G, Hueston W, Dorn C. 1988. Estimation of the costs of mastitis, using National Animal Health Monitoring System and milk somatic cell count data. Journal of the American Veterinary Medical Association **192(10)**, 1410-1413.

Mcdonald JS. 1979. Bovine Mastitis: Introductory Remarks1. Journal of Dairy Science **62(1)**, 117-118.

Muhammad G, Athar M, Shakoor A, Khan M, Rehman F, Ahmad M. 1995. Surf Field Mastitis Test: An inexpensive new tool for evaluation of wholesomeness of fresh milk. Pak J Food Sci **5(3-4)**, 91-93.

Muhammad G, Naureen A, Asi MN, Saqib M. 2010. Evaluation of a 3% surf solution (surf field mastitis test) for the diagnosis of subclinical bovine and bubaline mastitis. Tropical animal health and production **42(3)**, 457-464.

Ratafia M. 1987. Worldwide opportunities in genetically engineered vaccines. Nature Biotechnology **5(11)**, 1154-1158.

Samiullah M, Syed U, Arif M, Khan M. 2000. Frequency and causes of culling and mortality in Holstein Friesian cattle in NWFP (Pakistan). J Anim Health Prod **20**, 22-24. **Schroeder J.** 1997. Mastitis Control Programs: Bovine Mastitis and Milking Management. NDSU Extension Service, North Dakota State University of Agriculture and Applied Science AS-1129.

Schultz L, Broom R, Jasper D, Berger RM, Natwke R, Philpot W, Smith J, Thompson P Current concepts of bovine mastitis. In: The National Mastitis Council, 1978. pp 1-16.

Sears PM, McCarthy KK. 2003. Diagnosis of mastitis for therapy decisions. Veterinary Clinics of North America: Food Animal Practice **19(1)**, 93-108.

Sharif A, Ahmad T. 2007. Prevalence of severity of mastitis in buffaloes in district Faisalabad (Pakistan). J Agric Soc Sci **3(4)**, 34-36.

Standards NCfCL. 2004. Methods for Antimicrobial Susceptibility Testing of Anaerobic Bacteria: Approved Standard. NCCLS.

Todar M. 2004. Pseudomonas aeruginosa in Web Review of Todar's Online Textbook of Bacteriology" The Good, the Bad, and the Deadly. Science Magazine **304.** 1-12.

Urech E, Puhan Z, Schällibaum M. 1999. Changes in milk protein fraction as affected by subclinical mastitis. Journal of Dairy Science **82(11)**, 2402-2411.