

Detection of multidrug-resistant *Staphylococcus aureus* isolated from dairies milk in Medowo Village of Kediri District, Indonesia

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Abstract. Putra GDS, Khairullah AR, Effendi MH, Lazuardi M, Kurniawan SC, Afnani DA, Silaen OSM, Waruwu YKK, Millannia SK, Widodo A, Ramadhani S, Farizqi MTI, Riwu KHP. 2023. Detection of multidrug-resistant (MDR) *Staphylococcus aureus* isolated from dairies milk in Medowo Village of Kediri District, Indonesia. *Biodiversitas* 24: 423-430. Bacterial resistance has emerged as a major concern in dairy farms in Indonesia due to the pervasive usage of antibiotics. Furthermore, no specific research has been done to explain the prevalence of *Staphylococcus aureus* in isolated milk from dairy cows in Kediri, particularly in Medowo Village, and their antibiotic resistance. Moreover, to control the emergence of diseases in humans brought on by dairy cow's milk or infections transmitted through milk, additional research on the prevalence and resistance of bacteria in dairy farms in the Kediri district is urgently required. In Medowo, the Village Kandangan of District, Kediri Regency, Indonesia, 100 dairy cow's milk samples were taken from farms in numerous hamlets. The Kirby-Bauer method performed an antibiotic sensitivity test using disk diffusion. The sensitivity test was attached with antibiotic discs on tetracycline, penicillin, gentamicin, erythromycin, and cefoxitin. According to sample evaluation results, *S. aureus* was detected in 94 (94%) of the 100 isolated milk samples based on morphological culture features, Gram staining, and biochemical assays. According to the profile of antibiotic resistance derived from the findings of the *S. aureus* antibiotic resistance test, 23 isolates (24.47%) were proven to be multidrug-resistant (MDR) because they were resistant to three to four classes of antibiotics. The use of antibiotics typically rises in response to an increase in the prevalence of disease in cattle, which could lead to higher levels of antibiotic residue in milk and possibly higher levels of bacterial resistance to antibiotics. Therefore, dairy farming requires methods for prudently and correctly employing antibiotics.

Keywords: Milk, multidrug resistance, public health, *Staphylococcus aureus*

INTRODUCTION

The amount of milk consumed annually by Indonesians has increased due to growing awareness of milk consumption for its health benefits (Sjarif et al. 2019). Milk has health advantages because it is a source of calcium for developing teeth and bones and helps people build immunity (Ratajczak et al. 2021). The yield of nutritious milk can be impacted by the health management of dairy cows (Erickson and Kalscheur 2020). Keeping livestock healthy is crucial when raising dairy cattle because they produce at their best when they are healthy (Dallago et al.

2021). Numerous factors need to be considered when it comes to cattle health, beginning with the issues of disease, treatment, and prevention (Kimman et al. 2013).

As a result of milk's chemical constituents, harmful bacteria can flourish and spread in an environment rich in nutrients (Berhe et al. 2020). Milk primarily consists of water (87.2%), fat (3.7%), protein (3.5%), lactose (4.9%), and minerals (0.7%) (Bekuma and Galmessa 2018). The milk pH generally lies between 6.5 and 6.6, which is ideal for microorganisms since the pH level is near neutral. Unfortunately, this pH is usually suitable for bacterial

development and causes milk to deteriorate quickly (Marouf and Elmhal 2017).

One harmful bacteria that can contaminate milk and potentially causes sickness is *Staphylococcus aureus* (Gebremedhin et al. 2022; Yunita et al. 2020). As long as it is handled inappropriately, milk contaminated with dangerous bacteria (milk-borne pathogens) can readily become infected anytime and anywhere (Berhe et al. 2020). Some of the risk factors for bacterial contamination include the farmer's dirty hands while milking (Naing et al. 2019), less hygienic dairy equipment (Du et al. 2020), unclean cowshed surroundings (Aliyo and Teklemariam 2022), nearby manure disposal sites (Alegbeleye et al. 2018), and the distance between the cowshed to the well (Pfister et al. 2018; Knight-Jones et al. 2016). During milking and processing, *S. aureus* contamination in milk is possible (Regasa et al. 2019). In dairy cows, *S. aureus* bacterial contamination can result in udder irritation or mastitis, lowering milk output and quality (Khairullah et al. 2020). Even though *S. aureus* contamination does not result in physical changes to the milk, it is obviously hazardous because consumers cannot detect its presence (Zeaki et al. 2019; Viridis et al. 2010).

One of the communities in Kediri Regency in Medowo Village consists of the majority of people as dairy farmers (Solikin et al. 2018). Medowo Village produces 11,500 liters of milk each month (Abadi 2019). The high mastitis cases on dairy farms and the high milk production in Medowo Village are related (Fawaaid 2020). Antibiotics are recommended for treating bacterial contamination or are sometimes referred to as preferred treatments (Lee et al. 2013). Tetracycline, gentamicin, and penicillin, for example, are broad-spectrum antibiotics that are frequently used (Decline et al. 2020). Because it is simple to obtain and reasonably priced, these antibiotics are commonly used (Khairullah et al. 2019). Injecting antibiotics directly or combining them with straw, bran, tofu dregs, and grass is generally adopted by farmers (Mdegela et al. 2021).

Bacterial resistance has developed due to Indonesia's dairy farm's extensive use of antibiotics (Ramandinianto et al. 2020a). Uncontrolled antibiotic use tends to make previously susceptible microorganisms more resistant (Mancuso et al. 2021). Dairy farmers in Kediri frequently practice antibiotics based on self-medication (Nepal and Bhatta 2018). The breeder's lack of understanding increases the probability of new issues and the formation of multidrug-resistant (MDR) *S. aureus* germs (Liu et al. 2022). Additionally, no specific research has been done to explain the prevalence of *S. aureus* resistance found in dairy cows in Kediri, particularly in Medowo Village.

Fresh milk contaminated with *S. aureus* and antibiotic resistance can result in toxic shock syndrome (Tamendjari et al. 2021). Furthermore, *S. aureus* infections brought on by resistant strains are more challenging to treat than infections brought on by non-resistant strains, and the bacteria do not react well to treatments therein (Chambers and Deleo 2009). As a result, antibiotic treatment becomes challenging and expensive, and it may not always heal effectively (Ventola 2015). Therefore, the present study investigated the diversity and prevalence of *Staphylococcus*

aureus isolated milk from dairy cows in Kediri, particularly in Medowo Village, and their antibiotic resistance.

MATERIALS AND METHODS

Study area and sample collection

The research was carried out between March and July 2022. A sampling of 100 dairy cow milk was carried out from dairy farms in several hamlets (Medowo hamlet, Sidorejo hamlet, Mulyorejo hamlet, and Ringinagung hamlet) in Medowo Village of Kandang District, Kediri Regency. In addition, laboratory experimentation on isolation and identification and tests for antibiotic sensitivity of bacteria was carried out at the Faculty of Veterinary Medicine, Airlangga University, Surabaya's Veterinary Public Health Laboratory.

Isolation and identification of *Staphylococcus aureus*

A test tube containing 9 mL of Buffered Peptone Water (BPW) medium and up to 1 mL of the milk sample were used for the incubation process, which took place for 24 hours at 37°C. First, bacterial isolation was carried out on Mannitol Salt Agar (MSA) media by adding one ose inoculant from BPW with structure-containing beads. After that, MSA media were streaked to obtain the initial bacterial growth carried out in a zigzag pattern. MSA was then incubated for 24 hours at 37°C (Rahmaniar et al. 2020).

The next stage is the Gram stain test to determine the species of Gram bacteria in the colony. Next, the catalase and coagulase assays were also conducted to identify the *S. aureus* bacterium. Next, 3% H₂O₂ hydrogen peroxide was dripped on a clean glass object to perform the catalase test. Then, mix one dose of inoculum from MSA in the object glass (Ismail et al. 2018). The coagulase test involved aseptically inserting 200 µl of plasma into a sterile microtube. Then add 3-4 culture colonies and incubate the mixture at 37°C for 24 hours to detect the presence of free coagulase (Kumari et al. 2020).

Antibiotic sensitivity test

Kirby-Bauer method of antibiotic sensitivity test was used in this study using Mueller Hinton Agar (MHA) media and Disk Diffusion Agar. In this test, *S. aureus* isolates were partially removed from sterile loops and combined with 8 mL of physiological NaCl in a test tube. The solution was then homogenized with a vortex until it reached the McFarland turbidity standard of 0.5. Next, a sterile cotton swab dispensed up to 0.2 mL of bacterial suspension in physiological NaCl, then evenly inoculated onto MHA media (Afnani et al. 2022). Then place the antibiotic discs with tetracycline 30 µg, penicillin 10 µg, gentamicin 10 µg, erythromycin 15 µg, and cefoxitin 30 µg using a tweezer. The media was incubated at 37°C for 24 hours after receiving an antibiotic disc.

By measuring the diameter of the inhibition zone formed around the antibiotic disc with a vernier caliper, the disc diffusion method was used to read the antibiotic sensitivity test results (Fanissa et al. 2022). The Clinical

and Laboratory Standards Institute (CLSI) 2020 is used to analyze measurements of the bacterial inhibition zone.

RESULTS AND DISCUSSION

Bacterial isolates

Based on the sample evaluation and the results of the morphological culture, Gram staining, and biochemical testing, 94 (94%) of the 100 isolated milk samples were confirmed to be positive for *S. aureus* (Table 1). Yellow bacterial colonies on MSA media indicated a positive morphological culture of *S. aureus* (Figure 1). Purple colonies and grouped cocci that indicate positive Gram stain results can be seen (Figure 2). a biochemical test for *S. aureus* has produced positive results (Figure 4) when bubbles emerge on the object glass during the catalase test (Figure 3), and clout appears at the bottom of the microtube during the coagulase test.

Antibiotic resistance of *Staphylococcus aureus*

Out of a total of 94 *S. aureus* isolates, 24 (25.53%) were resistant to the one class of antibiotics tested, while, according to the profile of antibiotic resistance derived from the findings of the *S. aureus* resistance test to antibiotics. In comparison, 39 isolates (41.49%) were antimicrobial resistant to two classes, and 23 isolates (24.47%) were confirmed to be multidrug resistant because they were resistant to 3 to 4 antibiotic classes (Figure 5). Furthermore, the multidrug resistance was dominated by the pattern of TE – GM – P (Tetracycline, gentamicin, penicillin) antibiotic resistance. The pattern of TE followed as many as 11 (11.70%) isolates – P – E antibiotic resistance (Tetracycline, penicillin, erythromycin) by seven isolates (7.45%) (Table 2).

Milk samples from the Sidorejo sub-village contained 11 MDR isolates of *S. aureus* were found most frequently, followed by six isolates from the Medowo sub-village (Table 3). That may account for the high number of MDR *S. aureus* cases, 23 isolates from 100 milk samples examined found in dairy farms in Medowo Village, Kediri District. In addition, the study found that 86 isolates of *S. aureus* had the highest level of penicillin resistance.

Table 1. Isolation of *Staphylococcus aureus* from milk samples in Medowo village

Location	Sample code	Sample size	<i>S. aureus</i> (%)
Medowo hamlet	PSI, PBT, PED, PJ	25	25 (100%)
Sidorejo hamlet	PW, PS, PNG, PDIK	25	22 (88%)
Mulyorejo hamlet	PL, PMI, PDI, PD, PPIT	25	23 (92%)
Ringinagung hamlet	PH, PM, PG, PP	25	24 (96%)
Total		100	94 (94%)

Note: % (Percentage of positive).



Figure 1. *Staphylococcus aureus* colonies in MSA



Figure 2. Gram-stained *Staphylococcus aureus* colonies under a microscope



Figure 3. Catalase test results indicate *Staphylococcus aureus* positivity



Figure 4. Coagulation test results indicate *Staphylococcus aureus* positivity

Table 2. Isolated *Staphylococcus aureus* resistance profile by antibiotic group

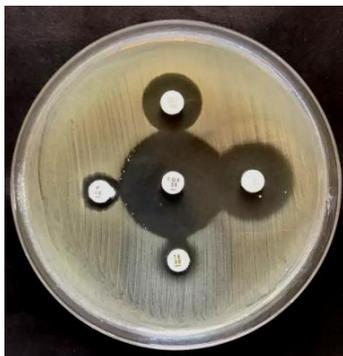
Group of antibiotics	Resistance profile	Number of isolates (n=94)	
		Resistant isolates (%)	Total number of isolates (%)
0	No one is resistant	8 (8.51%)	8 (8.51%)
1	P	24 (25.53%)	24 (25.53%)
	TE – P	34 (36.17%)	39 (41.49%)
2	GM – P	3 (3.19%)	
	P – E	2 (2.13%)	
	FOX – TE – P	1 (1.06%)	23 (24.47%)
≥3	FOX – GM – P	3 (3.19%)	
	TE – GM – P	11 (11.70%)	
	TE – P – E	7 (7.45%)	
	TE – GM – P – E	1 (1.06%)	

Note: FOX: Cefoxitin, E: Erythromycin, GM: Gentamicin, TE: Tetracycline, P: Penicillin.

Table 4. *Staphylococcus aureus* isolates with a profile MDR

Hamlet	Sample code	Resistance profile	Resistance profile				
			FOX	TE	GM	P	E
Medowo	PBT 1	TE – P – E	–	✓	–	✓	✓
	PED 5	TE – P – E	–	✓	–	✓	✓
	PJ 3	TE – GM – P	–	✓	✓	✓	–
	PJ 4	TE – P – E	–	✓	–	✓	✓
	PJ 5	TE – P – E	–	✓	–	✓	✓
	PJ 6	TE – GM – P – E	–	✓	✓	✓	✓
Sidorejo	PW 6	FOX – GM – P	✓	–	✓	✓	–
	PW 7	TE – GM – P	–	✓	✓	✓	–
	PW 9	FOX – GM – P	✓	–	✓	✓	–
	PW 10	FOX – GM – P	✓	–	✓	✓	–
	PW 12	TE – GM – P	–	✓	✓	✓	–
	PW 16	TE – GM – P	–	✓	✓	✓	–
	PW 17	TE – GM – P	–	✓	✓	✓	–
	PW 18	TE – GM – P	–	✓	✓	✓	–
	PW 19	TE – GM – P	–	✓	✓	✓	–
	PDIK 1	TE – P – E	–	✓	–	✓	✓
	PDIK 2	TE – P – E	–	✓	–	✓	✓
Mulyorejo	PDI 3	TE – P – E	–	✓	–	✓	✓
	PD 2	TE – GM – P	–	✓	✓	✓	–
Ringinagung	PM 1	TE – GM – P	–	✓	✓	✓	–
	PM 2	TE – GM – P	–	✓	✓	✓	–
	PM 5	TE – GM – P	–	✓	✓	✓	–
	PP 1	FOX – TE – P	✓	✓	–	✓	–

Note: ✓: Resistant, FOX : Cefoxitin, E : Erythromycin, GM : Gentamicin, TE : Tetracycline, P : Penicillin.

**Figure 5.** Susceptibility to antibiotics of *Staphylococcus aureus* isolates cultured on MHA

Discussion

Milk frequently contains the bacterium *S. aureus*, which can cause infectious mastitis (Khairullah et al. 2020). A contagious bacterium that dwells on a cow's udder and teat surface cause contagious mastitis, an inflammation of the udder (Kerro et al. 2020). During the milking process, this bacterium spreads from sick cows or quarters to healthy cows or quarters (Cheng and Han 2020). The skin is quickly colonized by *Staphylococcus*, which then enters the nipple duct, where infection occurs (Tong et al. 2015). Mastitis can be split into two categories based on bacterial contamination: mastitis brought on by agents from within the quarter and mastitis brought on by environmental contamination agents (Cobirka et al. 2020). Compared to subclinical mastitis produced by environmental disease

agents, the incidence rate of disease caused by pathogens from inside the quarter is higher (Widodo et al. 2022).

Mastitis is frequently brought on by *S. aureus* bacterial infection in dairy cows, which also lowers milk quality and production (Côté-Gravel and Malouin 2019). According to an epidemiological investigation by Birhanu et al. (2017), *S. aureus* bacteria were shown to be the 65% causal agent of subclinical mastitis isolated from milk samples. During the milking process, dairy cows' nipples can exchange *S. aureus* infection, resulting in transmission (Antanaitis et al. 2021). In this investigation, *S. aureus* was identified in 94 (94%) of 100 milk samples. This proportion is greater than that found in the study by Gebremedhin et al. (2022), which examined 486 milk samples, 52 of which (10.70%) had *S. aureus* verified. In addition, Khairullah et al. (2022) did a study in which they evaluated 150 milk samples, only 80 of which (53.33%) had *S. aureus* verified.

The emergence of bacterial resistance to antibiotics coincides with the rising prevalence of antimicrobial medications and the introduction of new drugs (Cook and Wright 2022). The failure of an antibiotic to work against a bacterium is known as antibiotic resistance (Kapoor et al. 2017). Plasmid alterations or exchanges between members of the same bacterial species give germs their survival ability (Zwanzig 2020). The disc diffusion test method is most frequently used to determine the sensitivity status of bacteria to antibiotics (Balouiri et al. 2016). Disk diffusion involves the absorption of the antibacterial portion to be tested on disc paper, attaching it to agar media that has been homogenized with bacteria, and incubating the mixture until an inhibition zone is apparent in the vicinity of the disc (Mawardi et al. 2020). The antibiotic's capacity to diffuse, the media's thickness, the antibiotic's concentration in the disc, and the organism's sensitivity to the antibiotic all impact how big the inhibition zone forms (Bonev et al. 2008).

The antibiotic sensitivity test results are used to create an antibiotic resistance profile that serves as scientific data for infection control (Badulla et al. 2020). Data on antibiotic resistance profiles can also be used to track the prevalence of antibiotic resistance across various organisms and geographical locations (Cave et al. 2021). Poor infection control and the extensive use of antibiotics contribute to the spread of antibiotic resistance (Ayukekbong et al. 2017). Antibiotic sensitivity monitoring enables the detection of infections with multi-resistant traits, the potential to spread to the population, and the amount of resistance rising yearly (Gajic et al. 2022). According to Duran et al. (2012) incidences of antibiotic resistance are frequently observed in *S. aureus*.

According to the study findings of Lobanovska and Pilla (2017), 86 isolates of *S. aureus* had the highest resistance to penicillin medicines. Because of their frequent use, penicillin antibiotic resistance is possible (Lobanovska and Pilla 2017). Mastitis in dairy cows is commonly treated with penicillin, a form of β -lactamase antibiotic (Fejzic et al. 2014). Penicillin is frequently used to treat and manage bacterial infections on dairy farms, which causes the level of *S. aureus* resistance to be extremely high in some regions (Virto et al. 2022). In this investigation, the disc

diffusion method identified 23 isolates (24.47%) of *S. aureus* that were multidrug resistant to more than three same classes of antibiotics. The proportion in this study is still higher than that found in Ramandinianto et al. (2020b), which recovered 76 *S. aureus* isolates from 170 milk samples, 13 of which (17.10%) were multidrug-resistant *S. aureus*. Even so, this study's percentage is still lower than that of other research by Mohammed et al. (2018), who identified 46 isolates of *S. aureus* from 117 milk samples, of which 12 isolates (26.09%) were multidrug-resistant *S. aureus*.

Many factors contribute to the development of antibiotic resistance in microorganisms, including their inappropriate (irrational) use and the prevalence of community self-medication. Also contributed was the rise in unnecessary health care costs, the government's lax oversight of the distribution of antibiotics, and the absence of expert research will find new antibiotics (Prestinaci et al. 2015). Although *S. aureus* is naturally susceptible to antibiotics, it also possesses a remarkable capacity to become resistant to nearly every antimicrobial to which it is exposed (Keman and Soyer 2019). According to Selim et al. (2022), the possibility of transmission makes the presence of *S. aureus* resistant to antibiotics in milk hazardous to the public health sector.

A latent resistance gene's expression, a gene with a resistance determinant or genetic mutation, is the primary way bacterial colonies survive in a threatened state (Sharma et al. 2019). Moreover, chromosomes encode most bacterial information, multidrug resistance in bacteria develops due to multistep mutations that gradually increase resistance (Gogry et al. 2021). Extrachromosomal genes, which can be found in plasmids or bacteriophages, are present in some bacteria (Deutsch et al. 2018). Resistance genes can be passed from chromosomes to plasmids or the other way around on transposons and integrons, where the factor R plasmids, also known as transmitting plasmids, can be transferred (Partridge et al. 2018).

Plasmids that experience multiple resistance and the existence of genes in chromosomes that convey resistance qualities can also create multidrug-resistant bacteria (McMillan et al. 2019). For example, an integron comprises two DNA segments with an antibiotic resistance gene on one side, as opposed to a transposon, which is one gene or a small number of resistance genes that are directly repeated or reverse-bound to a DNA sequence (Sultan et al. 2018).

The use of antibiotics typically rises in response to an increase in the prevalence of disease in cattle, which could lead to higher levels of antibiotic residue in milk and possibly higher levels of bacterial resistance to antibiotics (Ghimpețeanu et al. 2022). *S. aureus* resistant to medicines can spread through several risk factors, including cow udders, cow bodies, airborne dust, unsanitary milking equipment, and humans who are less aseptic when milking (Kalayu et al. 2020). This study revealed that *S. aureus* is a multidrug-resistant, and rational and prudent use of antibiotics is required (Karaman et al. 2020). In addition, there is a risk of acquiring antibiotic resistance when using

broad-spectrum antibiotics and applying inappropriate treatment techniques (Rhee et al. 2020).

In conclusion, according to the findings of this investigation, 23 multidrug-resistant (MDR) *S. aureus* isolates were discovered in several dairy farms in Medowo Village, Kediri Regency. The high multidrug resistance levels used in the Kediri district led to this figure. Additional research on bacterial resistance in dairy farms in the Kediri district is urgently required to stop the occurrence of human diseases brought on by dairy cow's milk or milk-borne illnesses. Furthermore, methods for using antibiotics sensibly and effectively are required to manage infections caused by multidrug-resistant *S. aureus*.

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