## Characterization of Multi Drug Resistant (MDR) *Escherichia coli* Isolated from Chicken using Molecular and Bioinformatics Tools



By

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Department of Microbiology Faculty of Biological Sciences Quaid-I-Azam University Islamabad, Pakistan, 2023

## Characterization of Multi Drug Resistant (MDR) *Escherichia coli* Isolated from Chicken using Molecular and Bioinformatics Tools

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IN

## MICROBIOLOGY



Ву

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This is to certify that the research work presented in this thesis, entitled titled "Characterization of Multi Drug Resistant (MDR) *E-coli* Isolated from Chicken using Molecular and Bioinformatics Tools" was conducted by Mr. Mohammad Rafique under the supervision of Prof. Dr. Naeem Ali and Co-supervision of Dr. Muhammad Athar Abbas. No part of this thesis has been submitted anywhere else for any other degree. This thesis is submitted to the Department of Microbiology, Quaid-i-Azam University, Islamabad in partial fulfillment of the requirements for the degree of Doctor of Philosophy in field of Microbiology.

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## List of Abbreviations

ADH	Arginine Dihydrolase
AFLP	Amplified Fragment length Polymorphism
AIEC	Adherent Invasive E. coli
Ak	Amikacin
AMP	Amoxicillin
AMR	Antimicrobial resistance
APEC	Avian Pathogenic E. coli
API	Analytical profile index
ARG-ANNOT	Antibiotic resistance gene annotation
ARGs	Antibiotic-resistant gene
AST	Antibiotic sensitivity
GBD	Global burden of diseases
BLAST	Basic local alignment search tools
BR	Broad range
C30	Chloramphenicol
CARD	Comprehensive antibiotic resistance database
CDC	Centre for diseases control and prevention
CGE	Centre of Genomic Epidemiology
CIP	Ciprofloxacin
СН	fumC fimH typing
CLSI	Clinical laboratory & standard Institute
CN	Gentamicin
CN30	Gentamycin
CNF1	Cytotoxic necrotizing factor 1

CPS	Capsule Polysaccharide
CT10	Colistin Sulphate
DEC	Diarrheagenic E. coli
DNA	Deoxyribonucleic acid
DO30	Doxycycline
E. coli	Escherichia coli
E30	Erythromycin
EAEC	Enteroaggregative E. coli
EcMLST	E. coli Multilocus Sequence Typing
EFT30	Ceftiofur
EHEC	Enterohaemorrhagic E. coli
EMB	Eosin methylene Blue
ENR5	Enrofloxacin,
ENA	European nucleotide archive
EARSS	European Antimicrobial Resistance Surveillance System
ESBL	Extended spectrum beta lactamase
ESF	Exponential survival function
ETP10	Ertapenem
EPEC	Enteropathogenic E. coli
EUCAST	European Committee on antimicrobial susceptibility testing
ExPEC	Extraintestinal pathogenic E. coli
F300	Nitrofurantoin
FAST	Fast All
FAO	Food and agriculture organization
GD	Gautam Dantas
GDP	Gross domestic product
H5N1	Hemagglutinin type 5and Neuraminidase type 1

HPAI	Highly pathogenic avian influenza
IND	Indole
Kg	Kilogram
LAMP	Loop-mediated isothermal amplification
LDC	lysine decarboxylase
LPA	Low pathogenicity virus
MALDI-TOF	Matric-assisted laser desorption/ionization, Time of flight
mcr-1	Mobilized colistin resistance
MBLs	Metallo-β-lactamases
MDR	Multidrug resistance
MEM10	Meropenem
MHA	Muller Hinton agar
MIC	Minimum Inhibitory Concentration
MLEE	Multilocus Enzyme Electrophoresis
MLST	Multilocus Sequence Typing
MRSA	Methicillin-resistant Staphylococcus
MY15	Lincomycin
N30	Neomycin
NA	Neuraminidase
NAE	No antibiotics ever
NARMS	National Antimicrobial Resistance Monitoring
NARC	National agriculture research centre
ND	Newcastle Disease
NDM-1	New Delhi metallo-beta-lactamase
NGS	Next Generation Sequencing
NOR	Norfloxacin
NOR10	Norfloxacin

NTS	Nontyphoidal Salmonellas
NP	Nanoparticle
NRLPD	National reference lab for poultry diseases
NMEC	New-born Meningitis Associated E. coli
ODC	Ornithine decarboxylase
OIE	Office International des Epizooties
ORT	Ortnithobacterium rihinotracheale
ORF	Open reading frame
OT30	Oxytetracycline
P10	Penicillin
PAI	Pathogenicity Islands
PBS	Penicillin-binding protein
PCR	Polymerase chain reaction
PDR	Pan drug resistance
REP-PCR	Repetitive element sequenced base PCR
PFGE	Pulsed field gel electrophoresis
RAPD	Random amplified polymorphic DNA
QS	Quorum sensing
RFLP	Restriction fragment length polymorphism
ROS	Reactive oxygen species
RGI	Resistance gene identifier
RPA-PCR	Recombinase polymerase amplification PCR
RT-PCR	Real-time polymerase chain reaction
S25	Streptomycin
SH	Spectinomycin
SNP	Single nucleotide polymorphisms
SXT25	Sulfamethoxazole-trimethoprim

STEC	Shiga toxin producing E. coli
STEAEC	Shiga-Toxin Producing Enteroaggregative E. coli
ТВ	Tuberculosis
TD	Tag-mention
TDA	Tryptophan deaminase
TE	Transposable element (TE)
UB30	Flumequine
UPEC	Uropathogenic E. coli
URE	Urease
UTI	Urinary tract infection
VIM	Verona Integron-encoded
VP	Voges-Proskauer test
WGS	Whole-genome sequencing
WHO	World health organization
XDR	Extensively drug-resistant

#### Abstract

Global propagation of multidrug-resistant (MDR) *Escherichia coli* in food chains is a threat not only to animal health but also to human health. Some advanced countries have devised policies for antimicrobial use not only for humans but also for animal health treatment purposes. The poultry industry is an important component of Pakistan's gross domestic product. However, the Pakistani poultry industry faces several environmental conditions that threaten continued economic output, livestock health, and human health. One of these emerging threats is MDR *E. coli*. Until 2016 there was no policy in Pakistan regarding antimicrobial use or contaminant of antimicrobial resistance. Besides, public awareness regarding the presence of MDR pathogens in the food chain is scant.

In this study total of 1,219 liver samples were collected from the National Reference Laboratory for Poultry Diseases in Pakistan via federal and provincial sentinel surveillance laboratories under a national surveillance program from 2015 to 2017. In which 511, liver samples were taken from culled layer and broiler chickens having poor birth growth and reduced appetite but not otherwise symptomatic for colibacillosis. Of which 265 isolations were identified as *E. coli* which were tested initially for antimicrobial resistance (AMR) against 21 priority antibiotics used in poultry in Pakistan. Out of 265 isolates, 105 were further checked against the extended spectrum of 31 antibiotics and analyzed through Next Generation Sequencing.

The pattern of antibiotics resistance explains that commercial isolated *E. coli* has shown a higher percentage of resistance to penicillin, amoxicillin, lincomycin, oxytetracycline, doxycycline, erythromycin, sulfa-methazole-trimethoprim, spectinomycin, and nitrofurantoin as compared to the backyard poultry (domestic chicken), isolated *E. coli*. Moreover, the isolates from both commercial and backyard poultry have shown similar resistance patterns to two major groups of antibiotics, aminoglycosides (neomycin, gentamycin, streptomycin) and fluoroquinolones (flumequine, enrofloxacin, and norfloxacin, ciprofloxacin). However, some very important antibiotics like ceftiofur (thirdgeneration cephalosporin), colistin, and carbapenem were the least resistant drugs in both commercial and backyard poultry. The presence of colistin-resistant bacteria in chickens indicates a danger to public health in Pakistan. An Illumina whole-genome sequencing was performed on 92 *E. coli* isolates. Our analysis indicates that the isolates were predominantly from B1 and A clade. They harbour a diverse number of antibiotic resistance and virulence genes with no connection between phylogeny virulence gene, and SNP (single nucleotide polymorphism). Importantly, most of our isolates can be

classified as multidrug-resistant with one displaying extended drug resistance. These results provide the highest resolution analysis from poultry-associated *E. coli* isolates in an area with a high endemic burden of antibiotic resistance. The isolated *mcr-1* bearing strains *E. coli* 79 was used to transform colistin-resistant gene to the donor *E. coli* J53, via conjugation. *E. coli* 79 isolate was used as donors. While *E. coli* J53 (resistant to sodium-azide) was used as the recipient strain. Plasmid (*mcr1\_Inc12*) was confirmed in our several strains by NGS data using Plasmid-finder.

Prominently, the findings of the study depict that out of 92 strains 82 were found to be MDR. One strain was reported as extensively drug-resistant (XDR) and 13 were *mcr-1* positive *E. coli*. In Multiple locus Sequence Typing (MLST) data analysis, nine strains of serotype ST 117 *E. coli* (09/92) reported were from phylogroup B2. More interestingly two of our isolated strains EC-83 and EC-35-B have *blaCTX-M-15* genes. However, in our study 12 of our isolates carried *blaCTX-M-15* is the second most common after *blaT-EM-1B* in the Extended-spectrum  $\beta$ -lactamase (ESBL) family. Furthermore, 08 sequence types (ST117, ST1011, ST2847, ST533, ST1324, ST2973, ST155, ST4516) have *mcr-1* genes. One of the very interesting results in the study was the EC-60 strain, of ST131 serotype is found in many infections worldwide. The strain ST131 is *blaCTX-M-1* gene having *IncFIB* (AP001918), *IncFIC* (F11), and *Incl* 1 plasmid replicons were reported in this strain. Overall, it is the first study from Pakistan that provide detailed information of antibiotic resistance pattern and genetic attributes of avian MDR *E. coli*. However, the limitation of the study was that with short Illumina reads, we were unable to unequivocally implicate ARGs or virulence genes present on mobilizable plasmids. Additionally, we do not have access to a chicken model of infection to demonstrate links between comparative pathogenicity of the strains and their virulence gene mosaic.

#### **1.0 Introduction**

The poultry industry has shown significant growth worldwide over the last several years. The growth of the poultry industry is faster than other livestock industries (Yegani & Korver, 2008; Windhorst, 2006). The poultry industry is playing a significant role to lower the magnitude of food shortage by providing high-quality animal proteins all over the world. Chicken meat is one-third of the total meat produced and consumed globally (Windhorst, 2006, Burlingame, 2004). The poultry industry is exposed to various stressful conditions including diseases and challenging environmental conditions. Consequently, extensive veterinary medicines including antibiotics are employed for the protection and cure of poultry diseases (Trafalska & Grzybowska, 2004, Fair & Tor, 2014). To investigate the mechanisms of drug resistance used by these multidrug-resistant bacteria, molecular and bioinformatics approaches are broadly in use (Hert et al., 2008). The above sector is vulnerable to high economic loss because of the outbreak of MDR bacteria. This can be regulated by identifying the exact mechanism of resistance in bacteria (Alexandratos & Bruinsma, 2012). Mobile plasmid genes can easily spread through a bacterial population and affect normal flora. Therefore, genomic profiling is increasing our understating and spreading of the wide range of these plasmids (Lesser, 2018).

The United States of America is a prominent chicken meat producer worldwide. It accounts to produce 19.3 million tons of chicken meat alone (Lesser, 2018). However, Brazil was the leading chicken meat exporter with 3.6 million tons in 2018. Chicken meat is not only an important source of nutrition but is also an economical source of animal protein for low-income countries (Lesser, 2018). The poultry industry is an important component of Pakistan's gross domestic product (Hussain *et al.*, 2015a). In Pakistan, poultry is the most dynamic sector of livestock providing 1.5 million jobs all over the country. Its current investment has crossed Rs 700 billion. Also, poultry meat is 26.8% of the total meat consumed in the country. In the year 2016-17 the commercial layers, breeders, broiler stock, and rural poultry were developed by 7%,5.0%,10%, and 1.5% respectively and it contributes to the growth of GDP by 1.3% (Wing& Finance, 2008; Tahir *et al.*, 2018).

In humans, 70% of enteric infections are caused by foodborne pathogens. Therefore, it is the 5th largest cause of death worldwide (Martens & Demain, 2017b). Every year more than 1500 million cases of diarrhea are reported of which 2.2 million die due to these infectious pathogens (Martens & Demain, 2017b).

Several bacteria, fungi, and viruses are involved in these infections. But most of them are bacteria specifically *E. coli* strains are involved in these diseases (Martens & Demain, 2017b; Singh & Barrett, 2006; Davies, 2007). Similarly, the Pakistan poultry industry has been facing several problems that affect economic production, human and livestock health (Hussain *et al.*, 2015a). One of these emerging threats is avian pathogenic *Escherichia coli* (APEC) (Manges, 2016b). This animal pathogen is particularly relevant to human health, as *E. coli* can cause a diverse array of infections. It is often antibiotic-resistant through horizontally acquired antibiotic resistance genes (ARGs) (Croxen & Finlay, 2010). Given poultry susceptibility to APEC, several studies have been performed to analyze the pathogenicity of APEC and to identify virulence genes *ibeA*, *iss*, *sitA*, and *iroN* (Mellata *et al.*, 2003; Sarowska *et al.*, 2019).

Antibiotic resistance to all antibiotics classes is rapidly increasing. The seriousness of the issue (Antibiotic resistance) can be assessed from the fact that it has been given equal importance as given to terrorism and global warming (Brown, 2015, Rice, 2008). The report of "Monitoring Antimicrobial Resistance Trends" (SMART) in 2007-08 shown that in Latin America and Asian Pacific countries 30 percent of *Klebsiella* and 40 percent of *E. coli* species were ESBL positive extracted from patients with abdominal infections (Guembe *et al.*, 2008). Millions of people die from bacterial infections worldwide every year. Two million persons in the United States per year are reported to be affected by MDR (multidrug-resistant bacteria) bacterial infections (Prestinaci *et al.*, 2015b). Out of the total number, twenty-three thousand people succumb to these MDR infections. Similarly, twenty-five thousand people lose their lives in Europe to bacteria resistant to antibiotics (Martens & Demain, 2017b; Butler & Buss, 2006; Prestinaci *et al.*, 2015b; Fischbach & Walsh, 2009). Along with, Inbuilt resistance microbes also get antibiotic resistance genes from their environment. Hence, several mechanisms are being adopted by bacteria such as efficient efflux machinery, a mutation in genome or protein, and inactivation by enzymes to overcome the effects of antibiotics (Ajaiyeoba *et al.*, 1992; Fernandez & Hancock, 2012).

To investigate these MDR bacteria, molecular analysis is done at large by reference as well as research laboratories. Some of the techniques like hybridization and polymerase chain reaction (PCR) are in practice for a long. However, a technique like complete genome sequencing is a new and advanced method of studying AMR (Antimicrobial-resistant) bacteria (Anjum, 2015; Anjum *et al.*, 2017).

There are several applications of NGS and bioinformatics tools that have changed the dynamics of the research and diagnostic field. In the WGS outcome, for example, Resfineder and Card can predict

the possible resistance gene. This is relatively more time-saving and cost-effective than traditional PCR to test many antibiotic resistance genes (Jia *et al.*, 2016; Joensen *et al.*, 2015). The computational/bioinformatics tools have improved the analysis and storage of large WGS data. This data and information can be saved and accessed using both online software (i.e., Ridom, SeqSphere, BioNumerics) and a personal computer. Thus, NGS technology and bioinformatics have gained great popularity by reducing the response time to emerging disease outbreaks. The socio-economic benefits were enhanced by improving public health and reducing health care costs as well as reducing mortality rate due to illness (Lelieveld *et al.*, 2016; Anjum *et al.*, 2016; Sharma *et al.*, 2016; Bradley *et al.*, 2015).

In this study, an attempt is made to classify the MDR *E. coli* from the liver of chicken that had poor birth growth and reduced appetite but not otherwise symptomatic for colibacillosis were collected from Pakistan poultry. Further, a more comprehensive surveillance analysis is needed to get a clear picture of AMR prevalence in our country. Besides, large genomic data of pathogenic and nonpathogenic *E. coli* from humans and animals is needed to evaluate and draw a comprehensive scenario of MDR *E. coli* burden in the country. Certainly, comparative analysis of different MDR species needs to be done in the future.

#### 1.1 Escherichia coli

*E. coli* was first described in 1885 by Theodore Von Escherichia. It was named *E. coli* in 1919 by Castellani and Chalmers (Collier & Sussman; 1998). The bulk of non-pathogenic and commensal species are *E. coli* strains. While others are distinguished by virulence factors and cause intestinal and extraintestinal diseases (Kaper, 2005). *E. coli* are a common enteric disease pathogen and causing from mild to severe digestive diseases in humans. They are harbored within food animals. *E. coli* outbreaks are often related to contaminated meat associated with food animals including beef, cattle, and poultry (Perepelo *et al.*, 2007; Callaway *et al.*, 2009). In April 2011 the *E. coli* outbreak in Germany was due to contaminated beef by Shiga toxin producing *E. coli* (STEC) O104:H4 strain (Borgatta *et al.*, 2012). Broadly, *E. coli* can be categorized into, infectious and non-infectious *E. coli*. While the pathogenic group is further divided into subgroups including, Extraintestinal Pathogenic *E. coli*, Enteropathogenic *E. coli*, Enterohaemorrhagic *E. coli*, Enteroaggregative *E. coli* and Shiga-Toxin Producing Enteroaggregative *E. coli* (Kunert *et al.*, 2015).

#### 1.2 Diseases Caused by E. coli in Humans

The term acute gastroenteritis also used for diarrheal diseases is characterized by loose stool, vomiting, fever, and abdominal cramps. Which can lead to acute and chronic intestinal complications (Callaway *et al.*, 2009). The major bacterial entero-pathogens are NTS (nontyphoidal *Salmonella*), *Shigella*, *Yersinia Campylobacter*, and *E. coli* (Kotloff *et al.*, 2017). The BGD (Global burden of diseases) reported in 2015, that worldwide diarrheal diseases have caused 1.3 million fatalities and 2.3 billion illnesses (GBD; 2015). Moreover, 40% of the children less than the age of five died due to diarrheal diseases. While 90% of these cases were reported from Africa and developing countries of South Asia (GBD, 2015, Kotloff, 2013). However, Kotloff reported five groups of *E. coli* are major infects to humans and are involved in diarrheal diseases, ETEC (Enterotoxigenic *E. coli*), Enteropathogenic, STEC (Shiga toxin-producing) is also known as Enterohemorrhagic, Enteroaggregative, and Enteroinvasive (Kotloff *et al.*, 2017). Similarly, Ingle reported 185 typical *E. coli* (EPEC) were isolated causing diarrhea from five years old children from four Sub-Saharan Africa countries (Gambia, Mali, Kenya, Mozambique) and three South Asian countries included Pakistan, India, and Bangladesh. Interestingly, 65% of isolates were also immune to antibiotics in three or more drug classes (Ingle *et al.*, 2018).

*E. coli* also causes extra-intestinal infection in humans. UTI or urinary tract infection has been linked to Extraintestinal Pathogenic *E. coli* (EXPEC) is the leading nonintentional infection in humans. In the USA, solely 7 million people need medical visits out of which 1 million reach out for emergency room visits. While 10000 people stay hospitalized for about a year (Manges *et al.*, 2016). ExPEC does not cause gut infection, unlike enteric *E. coli*, but persists in the human gut until a chance to cause urinary tract infection e.g., infections acquired through sexual contact or the use of a catheter in a hospital are two examples. Environmental *E. coli* which resembles ExPEC (Genetic/Phenotypic) via virulence characteristic, had been gathered from sewage, household animals, wild animals and waterways, suggesting a variety of other human ExPEC non-human reservoirs (Platell *et al.*, 2011; Ewers et., 2010; Dolejska *et al.*, 2011; Dhanji, *et al.*, 2011).

There are several lineages of *E. coli* that cause extra-intestinal infections in humans (Manges *et al.*, 2008). For instance, *E. coli* (O25:H4-ST131) is worldwide considered as 60 percent of all *E. coli* infections are caused by this disseminated strain. *E. coli* O25:H4-ST131 is responsible of 70-78 percent infections are caused by ExPEC, an ESBL-producing fluoroquinolone-resistant pathogen

(Lazarus *et al.*, 2014). While other ExPEC includes serotypes ST10, ST12, ST38, ST69, ST73, ST95, ST117, ST127, ST131and ST405. Serotypes can vary by geography (Blanco *et al.*, 2011). However, the number of ST types causing UTI were isolated from poultry in British Columbia in a study conducted in 2012-2013 of 114 isolates of *E. coli* sequence type were ST69, ST10, ST95, ST131, ST117 (Manges *et al.*, 2016).

#### 1.3 Phylogeny of E. coli

The first approach used for epidemiological and genetic studies was Multilocus Enzyme Electrophoresis (MLEE) based on protein (enzyme) and gel electrophoresis instead of DNA (Saghrouni *et al.*, 2013). Therefore, the banding mobility of different amino acids reveals the differences in amino acid sequence. However, the low-resolution power due to silent mutation in DNA (didn't change amino acid) decreases to count the micro-evolutionary changes (Saghrouni *et al.*, 2013). While multi-locus sequence typing (MLST) is carried out on a theory close to that of MLEE. Where the genetic difference in strains is inferred by comparing electrophoretic mobility of housekeeping enzymes. However, less locus is targeted in MLEE, so the resolution is low. Hence, for high resolution in MLEE, more locus is needed (20 or more) which is more time-consuming and labor-intensive. Therefore, comparatively, MLST is targeting few loci (targeting an internal fragment of seven housekeeping genes) of 400-500 bp (Maiden *et al.*, 1998). Both forward and reverse primers were used to sequence each DNA fragment to identify accurate mutations in the seven-housekeeping gene. However, strains have four common alleles that are placed in the same clonal group (Jolley *et al.*, 2001, Urwin *et al.*, 2003). In MLST the seven genes are *adk, aroE, fumC, gdh, pdhC, pgm*, and *abcZ* (Mayer *et al.*, 2002).

The absence and presence of virulence determinants in *E. coli* is the main deference between virulent and non-virulent strains. In 1980 it was reported that the virulence caseates or virulence block located on chromosomes on UTI *E. coli* (UPEC) are different from other *E. coli* strains. A similar finding has been observed in intestinal pathogenic *E. coli* and pathogenic strains of bacteria (Hacker and Kaper, 2000). In 1990 these virulence blocks were called pathogenicity islands (PAI) (Hacker and Kaper, 2000). These PAIs have genes encoding one or more features of virulence (Figure 1).

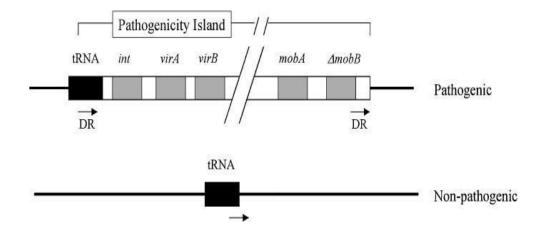


Figure 1 Bacterial pathogenicity island model. Regions of the core genome are represented by a thin bold line, while sequences unique to pathogenicity islands are highlighted. The box represents genes. Direct repeats are indicated by the arrows at the end of soft pathogenicity island. Direct repeats (DR), integrase gene (*int*), virulence-associated gene (*vir*), mobility gene (the mob), and pseudo-mobility gene (1mob). Integrases, transposons, and other enzymes are encoded by mob genes that are elaborate in the prokaryotic genome mobility (Hacker and Kaper, 2000).

#### 1.4 Photo Genetic Grouping of E. coli Using Different MLST Techniques

Phylogenetic analysis enlisted E. coli in four primary classes (A, B1, B2, and D). It's been seen that commensal strain belongs to group A and B1 whereas the extra-intestinal pathogenic strains and other E. coli pathogenic strains fall within the B2 and D categories. (Chakraborty et al.,2015, Picard et al., 1999). The commensal strain (A and B1) possesses less virulence gene on PAI while phylogroup B2 and D strain possess more pathogenicity islands and virulence factors like adherence, high surface hydrophobicity, factor for biofilm production, siderophore production, and toxin "Hemolysin and CNF1" (Smith et al., 2007). A study was conducted by Picard in Paris (France) using a mice model to check the lethality of commensal strains belonging to classes A and B1 while pathogenic strains of B2 and D. The study concluded that strains of carboxylesterase B type (B2 and D) were more pathogenic by producing alpha hemolysin and mannose-resistant hemagglutinin hence, killed the mice, whereas the strains belonged to A and B1 were devoid of these factors (Picard et al., 1999). In many studies, Phylogenetic analysis has shown seven E. coli groups (A, B1, B2, C, D, E) by using the MLST Pasteur Scheme for seven genes *dinB*, *icdA*, *pabB*, palB, putP, trpA, and uidA (Jaureguy et al., 2008; Moissenet et al., 2010; Clermont et al., 2013). The comprehensive MLST data substantially enhanced our knowledge of the substructure of E. coli. The new phylogroup E which was previously unassigned strains (Including O157:H7), now it is well-recognized (Tenaillon et al., 2010). The wide spread MLST data sets and, to some degree, the

growing body of genome data have enhanced our understanding of the *E. coli* substructure. A phylogroup F has also been reported and it has been found to consist of strains forming a sister group to phylogroup B2 (Jaureguy *et al.*, 2008; Clermont *et al.*, 2011a).

A phylogenetic method was introduced in 2000 by Clermont *et al* to classify *E. coli* in four groups A, B1, B2, and D via the identification of three genes *chuA*, *yjaA*, and *TspE4.C22*, using Triplex PCR assay (Clermont *et al.*, 2011a). The *E. coli* strains will be classified by the existence and lack of the three genes in one of these four phylogenetic classes. Being a cheap and simple method, the triplex PCR method has been extensively used for assigning the isolates of *E. coli* into four groups. It has also been evident that these strains in different groups have their unique genotypic and phenotypic, characteristics based on their habitat, environment, and pathogenicity (Tenaillon *et al.*, 2010; Alm *et al.*, 2011). However, *E. coli* MLST data from various hosts and environments succeeded to classify 80-85% of *E. coli* strains into four Clermont described phylogroups. Whereas a small number of strains were incorrectly assigned by using this method (Clermont *et al.*, 2013). Consequently, in 2013 Clermont and fellows added another gene (*arpA*) in the already three marker genes as a modification of the triplex PCR method. This modified method was known as the Quadruplex PCR method and was used to arrange the *E. coli* strains into eight phylogroups A, B1, B2, C, D, E, F, and clade I, instead of four phylogroups (Clermont *et al.*, 2013).

#### 1.5 Serotyping Methods

Microorganism genotyping has played an important role in determining the pathogenic organisms' worldwide evolution by reviewing the genetic relationship through conducting epidemiological research, to determine their point source (Sharma-Kuinkel *et al.*, 2014). In nucleotide profiling, restriction fragment length polymorphism (RFLP) has the method employed. In RFLP, molecular scissors are employed for DNA digestion. As result different lengths, fragments have been generated and used for the analysis of gel electrophoresis (Araujo & Sampaio-Maia, 2018, Smith, Hitchcock, Evans, Lacey, & Adams, 1989). Variations in length are due to deletion or alteration of the DNA sequence in the restriction site. Insertions and deletions between the recognition site of DNA are also held responsible for the variations (Smith et al., 1989). This approach is simple, cost-effective, and quick. Which demonstrates the discriminatory impact of local epidemiology. The only drawback of this method is the lack of reproducibility due to which it is not recommended and used for genotyping (Alanio *et al.*, 2017; Araujo, 2014; Saghrouni *et al.*, 2013).

#### **1.6 Genotypic Typing Methods**

In the 1980s, the pulsed-field gel electrophoresis (PFGE) revolutionized the eukaryotic genome analysis (Saghrouni et al., 2013). However, like RPLF, the PFGE also lacks reproducibility due to which it is not recommended for genotyping as well. In this process, a matrix of agarose gel separates large chromosomal DNA molecules. The gel periodically changes direction when an electric field is applied (Saghrouni et al., 2013). Conversely, in outbreak investigations, PFGE is the most used method for bacterial strain typing and is considered gold stranded for strain typing around the world (Dingle et al., 2015). The chromosomal DNA in PFGE is extracted by lysing bacterial cells embedded in an agarose plug to prevent mechanical sharing of DNA extraction. Then DNA fragments are formed with a restriction enzyme (SmaI). At last, the fragments of 80-800 kb are separated by alternating electric fields within the different pairs of electrodes. However, DNAs reorient to the anode through gel pore at different times that is inversely proportional to the size of fragments of DNA. However, it produces a quality resolution of mega DNA fragments on agarose gel (Reed et al., 2007). Finally, the agarose gel image generated PFGE pattern was studied through a system developed by Tenover et al using BioNumerics Software. It works as virtual barcodes (PFGE patterns) to identify the types of strains and to find the proximity of association among the different isolates (Tenover et al., 1995). Tenover et al, reported that PFGE is a laborious method and expensive instrumentation is required for its running. Therefore, it is confined to public health laboratories like CDC. Comparing PFGE bands is a challenging task but still, it is an important epidemiologic tool for disease outbreak investigation (Tenover et al., 1995). Later, Polymerase chain reaction-based methods were 78 for genotyping. Random amplified polymorphic DNA (RAPD) is a process based on PCR that amplifies large DNA sequences randomly by using many small primers about 10 bp in low stringency conditions. After loading on the acrylamide gel, different bands are obtained that vary amongst different isolates. This is a simple, easy to operate, and cost-effective method. Moreover, prior knowledge of DNA sequences is also not required in this method (Saghrouni et al., 2013). Nevertheless, along with poor reproducibility in the similar research lab, RAPD unable to identify unintended mixtures, is not a digitization move, and is stored in a database for further comparisons (Alanio et al., 2017). Base on the random process with unknown DNA sequences, the use of the RPAD method is limited for taxonomic and ploidy analysis (Guillamon & Barrio, 2017; Hryncewicz-Gwozdz et al., 2011). RAPD is still complementary to other approaches, such as the initial evaluation of the degree of polymorphism (Guillamon & Barrio, 2017).

As another multi-locus PCR technique, amplified fragment length polymorphism (AFLP) is used. It also doesn't require sequence knowledge (Saghrouni et al., 2013). Unlike previous methods, AFLP cut the DNA using two molecular scissors by using two PCR steps with unmarked primer in the first step/reaction and labeled primer in the 2nd reaction. Moreover, high stringency condition is maintained. This is more reproducible than RAPD (Saghrouni et al., 2013; Vos et al., 1995). However, an extra number of variables, the requirement of experienced technicians, and laborious methods are the disadvantages of this technique. Due to which it's not widely used for genotyping. However, AFLP was used for fungal genotyping like Aspergillus Candida, Fusarium, and Alternaria (Duarte-Escalante et al., 2013; Farahyar et al., 2013; Singh et al., 2015). Similarly, REP-PCR (repetitive sequence-based PCR) uses primers that target noncoding regions in the fungal genome and produce genomic fingerprints (Redkar et al., 1996). The amplified target region by rep-PCR is analyzed through electrophoresis. The main benefit of this approach is the ability to build a database using fingerprint patterns. Due to its' convenient nature, this technique is used in several genotyping studies (Pounder, Hansen, f& Woods, 2006; Sacheli et al., 2016). Due to low discriminatory problems, this method is more commonly used in combination with other techniques such as microsatellite for genotyping studies (Araujo & Sampaio-Maia, 2018).

#### **1.7 Phenotypic Typing Method**

Phenotypic typing includes color, colony morphology, odor, and other microrheological characteristics of microorganisms. All these phenotypic methods require strict experimental conditions. As these characteristics are more susceptible to environmental conditions. Serotyping has been the primary phenotypic approach used since the early days of microbiology (Van Belkum *et al.*, 2007). In this typing different food-borne pathogenic bacteria are differentiated based on surface variable antigenic structures. These variables can be described by a series of immunological tests in which bacterial cells are combined to produce agglutination with antisera. The word serotypes or serovars is used for subtypes derived from these serological tests. The serotyping started in 1930, has been greatly useful because of host specificity, virulence factors, and pathogenicity as an associate with specific serotypes. As a result, the scheme makes easy for the health workers, scientist, and general public to identify and a prerequisite for surveillance and monitoring scheme (Uelze *et al.*, 2020). Moreover, 2600 *Salmonella* and 190 *E. coli* serotypes were found (Grimont *et al.*, 2007; Fratamico *et al.*, 2016). While 54 serotypes of *Shigella spp* are also identified (Muthuirulandi *et al.*, 2017). However, the o antigen and H antigen is the

flagella surface protein. Whereas only the O antigen is of concern for Shigella serotyping and capsule polysaccharide (CPS) is for C. jejuni serotyping (Pike et al., 2013). This is a comprehensive system for typing E. coli and Salmonella isolates in which most typing sera react with surface antigen. This system of serotyping is still used in food-related and health care laboratories. In this procedure, several defined sets of monoclonal and polyclonal antibodies are available (Frasch et al., 1994; Van Belkum et al., 2007). The method of serotyping can be reproducible with wide applicability. In which standardization of preparation and testing conditions is crucial. By combining serotyping with SDS-PAGE, which results in 'western' (Immuno) blotting, the problem of discrimination can often be improved (Tenover et al., 1994). However, some serotyping schemes used for E. coli, (from many years the O serogroup had been used to distinguish pathogenic from commensal E. *coli*) in which the O antigen is used composed of repeated subunits present on the surface of E. coli. Similarly, the flagellar antigen H is used in this serology scheme (Wolf et al. 1997) and M protein typing of Streptococcus pyogenes (Stanley et al., 1993) are replaced by their genotypic equivalents. In which the variation is found based on genes encoding the antigens (Nowakowska et al., 2006). Similarly, the discovery of the amplified cluster of O-antigen genes (molecular serotyping) appears to be a successful alternative to classical serotyping of Shigella and E. coli spp (Coimbra et al., 2000).

#### **1.8 MLST Schemes**

EnteroBase is a database that performs genomic assemblies from sequencing. It reads either submitted directly by the user or through the public domain (ENA short read archives) (Alikhan *et al.*, 2018). EnteroBase is a web-based platform and contains legacy MLST genotypes as well as ribosomal gene (rMLST), core genome MLST (cgMLST), and whole-genome MLST (wgMLST) (Alikhan *et al.*, 2018). This database also presents graphical visualization of all the above genotypes including SNPs (single nucleotide polymorphisms). Therefore, genomic genotyping with the help of a web database like EnteroBase can be employed to sort out all types of diversity within *E. coli, Salmonella, Shigella*, and other bacteria (Alikhan *et al.*, 2018). EnteroBase offers a one-stop solution, instead of using many methods to deal with microbial diversity from genus to all way down to epidemiological tracing. Just like it provides comparable studies among different genera which it supports (*Escherichia, Yersinia,* and *Clostridium*) (http://enterobase.warwick.ac.uk). While within genera EnteroBase platform allows users to check relativity in the newly sequenced

genome within the framework of currently sequenced global diversity with more than 100,000 *Salmonella* genomes and 50,000 *Escherichia* genomes (Alikhan *et al.*, 2018).

#### **1.9 Three MLST Schemes**

The three MLST Schemes websites are hosted by Warwick Medical School UK, Michigan State University USA, and Pasteur Institute France. Although, the three MLST schemes for E. coli have different combinations of genes (shown in table) all are housekeeping genes in which only one gene icd is common. The EcMLST created by Thomas Whittam was for EPEC enteropathogenic E. coli (Reid et al., 2000). While the two most common MLST schemes used in genotyping analysis were created by Mark Acthman also called the Acthman Warwick scheme (Wirth et al., 2006). Pasteur scheme developed by Sylvain Brisse and Erick Denamur which is hosted by the Pasteur Institute (Paris, France). However, in 2012 Kaas et al reported that nucleotide diversity was highest in the Pasteur MLST gene followed by the Michigan scheme genes and lowest for Warwick scheme MLST. However, Sahl et al, observed that the best Phylogeny can be obtained by using the Achtman Warwick scheme (Sahl et al., 2012). Besides these MLST schemes, other schemes were also developed using fever genes "Two locus approach" instead of using seven genes Achtman and Pasteur schemes. In this two genes or locus fumC/fimH are targeted (this process is also known as CH typing). It gives the excellent result of MLST based profiles (Weissman et al., 2012). Clermont et al reported that CH typing (Two locus scheme) shown excellent discriminative power among the data of different E. coli strain and gives more haplotypes than the Warwick seven-locus approach (Clermont & Denamur, 2015). Moreover, E. coli ST131 subtyping was consistent with the Pasteur scheme (Tchesnokova et al., 2013).

#### **1.9.1 ECOR Collection**

In 1983 Ochman and Selander assembled 72 reference *E. coli* strains from their isolated collection of 2600 *E. coli* isolated from the different environments (Ochman & Selander, 1984). This collection of reference strains is called the ECOR collection. These strains are representative of genetic diversity using the pioneer MLEE (Multilocus enzyme electrophoresis) serotyping method (Clermont & Denamur, 2015).

#### 1.10 E. coli Genome

*Escherichia coli* is a prominent model organism in the laboratory and a widely studied bacterium. The bacteria are involved in bacterial conjugation, finding phage genetics,

recombination, and genetic regulations, and chromosomal replications (Hobman *et al.*, 2007). Especially, the K-12 strains of *E. coli* were isolated in Palo Alto in 1922 from diphtheria patient feces. Since food animals and humans carry a large number of *E. coli* which makes possible antagonistic or commensal interactions with their hosts (Hobman *et al.*, 2007, Bachmann *et al.*, 1996). Therefore, both genetic and population determinants that shifted the commensal strains to pathogenic strains are necessary to determine. However, population genetics research based on MLEE and different gene markers recognized four major groups of *E. coli* "A, B1, D, and B2" (Gordon *et al.*, 2008). The six sequenced *E. coli* contains an average genome size of 4.7- 5.2 Mb. In which 4627- 5129 protein-encoding genes. Moreover, the G+C content is 50.8% (Touchon *et al.*, 2009).

#### 1.10.1 Pan-genome and Core genome in E. coli

Bacterial sequencing has shown a broad variety of genomes of related strains in respect of size and gene content. In the study, sequencing three strains of *E. coli* have only 39% common set of genes (Welch *et al.*, 2002). Therefore, to describe bacterial species using their genomes, the pan-genome approach has been used. The total complement of genetic factor in all the sequencing strains of species and genera, or other large groups is called pan-genome (Gordienko *et al.*, 2013). The pangenome has been divided into three parts 1: The universal genome also called core genome consists of genes that are similar for all gather strains 2: strain-specific genes are found in a genome known as OR Fans, and 3: the periphery genome or the genetic factor in all the subgroups of strains (Lapierre *et al.*, 2009, Rouli *et al.*, 2015). Moreover, the pan-genome of *E. coli* is open such as not saturated like the closed pan-genome e.g., Bacillus anthracis pan-genome that remains unchanged after accounting for the first four genomes (Gordienko *et al.*, 2013).

Therefore *S. enterica* and *E. coli* are close relatives. It has been assumed by the protein clock model that both these species share a common ancestor about 100 million years back (Gordienko *et al.*, 2013). However, MLST data suggests that distinct *Shigella spp, S. boydii, S. dysenteriae, S. flexneri, and S. sonnei* are virulent *E. coli* that instigated independently 35,000 to 270,000 years ago (Pupo *et al.*, 2000). Overall, Shigella spp. share phenotypic characteristics, such as being nonmotile, obligate pathogens, and having comparable metabolisms, which have been used as the foundation for first classifying them as a distinct genus (Gordienko *et al.*, 2013).

The investigation of the first E. coli strain has altered knowledge of the evolution of gene repertoires in bacteria. analysis of the first *E. coli*. Variation in size of the genomes within the species was

observed as more than 1 Mb or even the gene repertoires of same size genomes vary (Welch et al., 2002, Willenbrock., 2007). Therefore, it was planned to examine the evolution of the gene repertoire in light of the extraordinary availability of 20 fully sequenced genomes of the same species. The initial step was to identify the *E. coli* core and pan-genomes, "the genes found in every genome" and the whole collection of non-orthologous genes across all genomes. The 4721 genes made up the average E. coli genome, in which 1976 genes made up the core genome, and 17838 genes made up the pan-genome. There is only a 42% chance that a ubiquitous gene will be discovered by randomly selecting one gene from an E. coli genome. However, only onefourth of the pan-genome found in an E. coli strain may be detected using complete sequencing. This suggests that no one strain can be regarded as particularly typical of the species, despite the fact that several essential processes may be examined well using a model strain. (Touchon et al., 2009). Although further E. coli genome samples are unlikely to dramatically alter estimates of the core genome, the pan-genome is still far from having been fully revealed. Core and pangenome size estimates may be impacted by annotation and sequencing artifacts, such as falsely annotating insignificant genes or pseudogenes. We believe that by utilizing a consistent set of annotations, we have reduced such issues. However, we discovered that 40 genes in E. coli K-12 W3110 were classified as essential (Baba et al., 2006).

The sequencing of genomes was completed after an average of 12 times of coverage. The 6 newly sequenced *E. coli* chromosomes range in size from 4.7 Mb to 5.2 Mb, or 4627 to 5129 protein-coding genes which is somewhat more than the average value across the 20 genomes that we studied. With 4.6 Mb and 4500 protein-coding genes, the chromosome of *E. fergusonii* is substantially smaller. The G+C content is fairly comparable and near to the E. coli K-12 MG1655 value (50.8%) among the 6 strains. *E. fergusonii* has a lower 49.9% G+C concentration. Similar quantities of coding genes and stable RNA genes are present on these chromosomes. By contrast, the number of pseudogenes varies more widely, from 22 in *E. fergusonii* to 95 in strain ED1a (Touchon *et al.*, 2009).

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#### 1.11 Hypothesis of the study

Multidrug resistant *E. coli can* be a real threat to the health of animals and Humans. Such as high morbidity and motility can be expected through these different MDR *E. coli* strains in poultry. Finally, these *E. coli* strains have plasmids having many ARGs gene that could accelerate the spread of antibiotic resistant genes to the pathogenic and non-pathogenic strains through food chain via horizontal gene transfer. Therefore, the detail investigation of these MDR *E. coli* could be helpful to combat this problem in Pakistan poultry.

#### 1.11 Aim and Objectives

The present study was designed to find the MDR profile of *E. coli* strains in the local scenario of Pakistan from commercial and backyard poultry. Typically, it will focus on identifying different strains of *E. coli* commonly found in chicken liver samples of culled layer and broiler chickens having poor birth growth and reduced appetite. Moreover, the transmission potential of the AMR gene of *E. coli* would also be studied.

The main objectives of the study are.

- Samples will be isolated from the chicken liver of culled layer and broiler chickens having poor birth growth and reduced appetite and characterization of *E. coli* will be done through biochemical and molecular tools.
- Antibiotic susceptibility of different isolates of E. coli
- Determination of MDR and virulence genes
- Computational profiling identification and type of multidrug resistance genes in Avian E. coli.
- Phylogenetic classification through Roary and FastTree. Evaluation of transmission potential of MDR genes in *E. coli* through conjugation assay

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### 2.0 Literature Review

## 2.1 Poultry Industry, International and Local Market

There has always been a constant increase in demand for the ever-growing human population to provide food with high-quality meat. The response to these demands is evident in massive industrialization observed in the livestock sector, particularly in the last two decades. Poultry production has been raised globally, and specifically in Asian countries, due to the usage of very cheap and economical feed (Harder *et al.*, 2016, Wu *et al.*, 2014, Leibler *et al.*, 2009). This growth of the livestock sector will be continuously increasing. In 2050, the human population is estimated to exceed 9.6 billion, where more than seventy percent of the world population will be living in cities. However, the income will increase by only 2 % per annum. Therefore, with such a huge vast population burden, the demand for food will increase up to 70 % by the end of 2050. The highest contributor will be poultry meat 121%, beef 66 %, and pork 43 % (Alexandratos & Bruinsma, 2012). The poultry production is mainly divided into broilers, layers, and the backyard (Gerber *et al.*, 2013). Up to 81 million tons of eggs and 120 million tons of chicken meat are produced globally. The statistical data shows that 96 % of meat comes from broilers, only 6 % from layers, and 8 % from backyard poultry. (Alston *et al.*, 2009, FAO, 2016, Carvalho, 2017).

In a country like Pakistan, the demand and supply gap of animal protein was highly reduced by the poultry industry. In Pakistan, the industry was launched back in 1960; it showed tremendous growth within the few years of its implantation. In Pakistan, poultry is the largest industry after the textile industry. It contributes more than 26.8 % of the meat produced in the country and 1.3 % of the country's total GDP. While more than 1500 thousand people are employed in this industry (Hussain *et al.*, 2015a). The poultry industry has increased its share in meat production and consumption in the country. In 2010, poultry meat consumption was increased up to 26 % of the total meat pool in the country, and beef was reduced to 55 %. Similarly, mutton was reduced to 20 %, which was 2-25 % of chicken meat, beef 61 %, and mutton 37 % in the year 1971 (Hussain *et al.*, 2015a).

## 2.2 Poultry Industry Challenges

The poultry industry is a crucial economic sector in many nations. However, the industry is facing several problems, including the rearing of facilities. Besides, diseases and worsening of environmental conditions have led to high financial problems, affecting the poultry industry immensely (Trafalska & Grzybowska, 2004). A large number of veterinary medicines are being used for the cure of

poultry diseases. However, the substantial use of antibiotics has been questioned, which has given extensive credentials to the evolution of MDR bacteria. Therefore, the use of antibiotics both for therapeutic and growth promoters in poultry has left severe concerns for humans and animals (Trafalska & Grzybowska, 2004).

### **2.3 Poultry Diseases**

Like other animals, chicken also obtains their food through the intestinal tract and has the protective mechanism to protect the body from various pathogens. However, sometimes, these protective measures are bypassed by the pathogens like viruses, bacteria, and other infectious and non-infectious organisms (Naeem *et al.*, 2003). As a result, they cause many diseases in these animals. Some of the prevalent poultry diseases are Colibacillosis, infectious coryza, Enteritis, Owl pox, Avian influenza, Infectious bronchitis, Salmonellosis, Coccidiosis, Hydropericardium syndrome, and Newcastle (ND) diseases (Abbas *et al.*, 2015, Javed *et al.*, 1994, Naeem *et al.*, 2003).

These diseases have adverse economic effects on the poultry industry. For instance, China lost 4.5 billion dollars due to the bird flu virus H5N1 attack in 2004 and 2005 (Nishiguchi *et al.*, 2007). Moreover, transportation and unhygienic utensils are also playing a key role in spreading these poultry diseases. Transport of living birds from one market to another market has also been the fundamental cause of many avian diseases, affecting the poultry industry all around the world. In this regard, the role of association of human movement cannot be ignored in spreading avian diseases between different flocks (Wang *et al.*, 2013, Paul *et al.*, 2011, Nishiguchi *et al.*, 2007).

## 2.4 Infectious Diseases and Potential Pathogens

Bacterial infections are affecting the bird's health and their yield. Nevertheless, antibiotics and vaccination have overcome the effect of bacterial infections. However, the appearance of MDR bacteria in developed nations has reopened a new chapter, including most of the previously known pathogens with MDR tag. There are many species of bacteria causing diseases in the poultry industry. Some have a very drastic history in terms of their effect on economy and mortality, such as *Salmonella enterica* and *Salmonella gallinarurm*, the causing agent of Fowl typhoid in animals (Wu *et al.*, 2018). Only in Asia, the antibiotic consumption in poultry has increased up to 12.9 % and more than 50 % of antibiotics are used as growth promoters in the poultry industry which corresponds to the use of antibiotics per kg of animal produced of ~148 mg kg<sup>-1</sup> in chicken production. Therefore, resistance is not only observed in clinical *E. coli* strains but is highly common in avian *E. coli* (Chen *et al.*, 2015, Wu *et al.*, 2018, Van Boeckel *et al.*, 2015b).

Three types of infections are prevalent. They are parasitic, viral, and bacterial.

## **2.4.1 Parasitic Infections**

Many types of parasites and protozoans colonize the chicken gut. Where protozoans are the most common and cause various diseases. Coccidiosis is a familiar parasitic infection in commercial poultry. Its entire life cycle passes in the chicken gut without any other intermediate host. Nevertheless, many other parasites enter via the intermediate host and cause diseases in poultry. Such as nematodes, cestodes, and flukes (Yegani & Korver, 2008). Histomonas meleagridids are one of the prevalent parasitic disorders in birds; the disease is also called a blackhead. This agent is spread through eggs among the birds. Although, it badly affects the turkeys, and the mortality rate reaches 10-20 % accompanied by high morbidity. In many cases, the outbreak of these parasites was unnoticed (Yegani & Korver, 2008, Williams, 2005, McDougald, 1998).

# 2.4.2 Viral Infections

Viral infections are the real threat to the poultry industry in which several viral strains are involved, such as rotavirus, coronavirus, enterovirus, adenovirus, astrovirus, and reovirus. The deadliest virus is influenza. Type A influenza is responsible for infection in birds. There are 15 different types of combinations based on haemagglutinin (H1±H15) and neuraminidase (NA) that affect birds regularly. Influenza type A virus is divided into two main groups based on the severity of diseases in chickens (Bagust, 2013).

The most virulent type is the HPAI (Highly pathogenic avian influenza) virus, and the less virulent type is LPA (low pathogenicity virus). Both viruses are related to respiratory diseases. The types H5 and H7 are the most virulent type whose mortality sometimes reaches 100 %. From 1959 till 1995, 12 out of 17 HPAI attacked chickens in the USA and spread to other neighboring states. In 1994-1995 the victim of this viral attack was Mexico and Pakistan. (Alexander, 2000). The most common diseases are Newcastle disease, bursal disease, influenza, and bronchitis caused by RNA viruses, while Marek's disease is caused by DNA virus. These are some of the most challenging viral diseases worldwide, which need to be controlled and treated by the poultry industries (Alexander, 2000, Bagust, 2013).

# 2.4.3 Bacterial Infections

Pathogenic bacteria strongly affect chicken health and production. Therefore, it is also an essential factor of foodborne infections with *Salmonella* and *Campylobacter* species (Meade *et al.*, 2009). *E.* 

*coli* was first reported by Theodore Von Escherichia in 1885, which he named Bacterium *coli* commune. However, later in 1919, it was renamed *Escherichia coli*. Although, a number of these strains are non-pathogenic and popular as commensals bacteria. However, they are also well associated with animal's food chain and human infections. Therefore, leading outbreaks of *E. coli* are mostly related to food in which up to 75 % are related to beef meat only. Additionally, several pathogenic strains have also been reported from chicken products (Minodier, 2011, Hussain *et al.*, 2017, Kunert Filho *et al.*, 2015, Callaway *et al.*, 2009). Avian Pathogenic *E. coli* (APEC) is the causing agent of prominent poultry diseases, including pericarditis, airsacculitis, salpingitis, polyserositis, peritonitis, coli septicemia, diarrhea, synovitis, osteomyelitis, and swollen head syndrome. *E. coli* bacillosis is the common term used for all *E. coli* infections. Subsequently, these infections are the reason for enormous economic loss in the poultry industry in terms of severe morbidity, mortality, and retard growth in flocks along with carcass contamination (Nagy *et al.*, 2001, Paixao *et al.*, 2016, Ewers *et al.*, 2004, GalMor & Finlay, 2006). The appearance of MDR bacteria and excessive use of antibiotics have reopened a new chapter of antibiotic-resistant bacteria, including all previously known pathogens such as *Clostridium perfringens* and APEC (Schuijffel *et al.*, 2006).

The US broiler business has converted to No Antibiotics Ever (NAE) for the majority of its output due to market demand, regulatory restrictions, and scientific concerns. Antimicrobial growth promoters (AGPs), which were previously used to protect broilers in integrator houses from bacterial infections including Avian Pathogenic Escherichia coli (APEC) and Clostridium perfringens, are now banned under the no antibiotics ever program. (Fancher et al., 2020). Avian pathogenic E. coli causes colibacillosis in broilers, a systemic illness marked by a triad of diseases including pericarditis, perihepatitis, and airsacculitis, all of which lead to septicemia. Subclinical colibacillosis, on the other hand, infects approximately 30% of broiler flocks in the United States. (Dziva & Stevens; 2008). C. perfringens is a gram-positive bacterium that causes gangrenous dermatitis and necrotic enteritis in broilers that cost the broiler industry much money. High litter humidity, poor litter consistency, and viral exposure exacerbate gangrenous dermatitis, which is characterized by skin lesions and subcutaneous infection. Haemorrhagic enteritis, high morbidity, and mortality are all symptoms of necrotizing enteritis, which causes annual billion-dollar losses (Skinner et al., 2010, Timbermont et al., 2011). In immunocompromised birds, necrotizing enteritis may occur as a primary infection or secondary infection (Fadly & Nair et al., 2008). Immune suppression induced by viral infections and intestinal erosion caused by coccidia both enhance the risk of NE (McReynolds

et al., 2004). Greater vulnerability to bacterial infections, reduced growth performance, and increased mortality and economic losses are all new problems for broiler production in the NAE system (Fancher et al., 2020). The Food and Drug Administration of USA concluded in 2009 that antibiotics could no longer be used for growth promotion. Long term subtherapeutic antibiotic use in food-producing animals has been linked to bacterial resistance growth and spread (Asai et al., 2007), which can be spread between humans and animals through direct interaction or the environment (Ritter et al., 2019). Top retail consumers in the broiler industry announced in 2014 and 2015 that they would only serve antibiotic-free chicken. As of 2019, NAE programs cover more than half of all birds produced in the US (Fanche et al., 2020). The elimination of subtherapeutic AGPs has resulted in poor flock efficiency, reduced daily gain, higher risk of gastrointestinal problems, limited water intake, and significant mortality due to NAE (Ritter et al., 2019, Tabler & Wells, 2017). NAE broiler chickens have a 25–50 % higher monthly mortality rate than traditional broiler chickens (Mulder & Zomer, 2017). The mortality rate in NAE broilers is about 4.2 %, compared to 2.9 % in traditional broilers (Gaucher et al., 2015). As a result, the increased prevalence of multiple bacterial diseases, including NE and colibacillosis, is related to higher mortality in NAE. the NAE program has a detrimental effect on feed conversion ratio, body weight growth, and GIT health in poultry, resulting in reduced bird performance and net output. (Gaucher et al., 2015, Fanche et al., 2020)

Some pathogens have a drastic history in terms of economic loss and mortality, such as *S. enterica* and Salmonella Gallinarurm, the causing agent of Fowl typhoid in animals. ORT (*Ornithobacterium rhinotracheale*) is another very important gram-negative bacterium. It causes respiratory diseases in poultry, including pneumonia and airsacculitis. While *Pasteurella multocida* causes fowl-cholera, is non-motile gram-negative bacteria (Wigley, 2013, Schuijffel *et al.*, 2005a, Schuijffel *et al.*, 2005b, Schuijffel *et al.*, 2006).

## 2.5 Molecular Resistance; Growing Trends

Undoubtedly, antibiotics have saved countless lives throughout history and are regarded as the most revolutionary drug in medical history (Yoneyama & Katsumata, 2006, Cohen, 2000). The actinomycete bacteria produce about 75% of the antibiotics. Surprisingly, Streptococcus of the Actinomyces group alone has provided 75% of global antibiotic synthesis (Hamaki *et al.*, 2005, Martens & Demain, 2017b, Ikeda *et al.*, 2003). The antibiotics used in agriculture have a similar makeup to those used in medicine, or nearly so (McEwen & Fedorka-Cray, 2002).

Unfortunately, resistant bacteria are also brought on by the widespread usage of this wonder medication. So, according to medical professionals, "this overuse of antibiotics will bring us back to the pre-antibiotic era." (Liu & Pop, 2009, Ventola, 2015b, Spellberg & Gilbert, 2014, Piddock, 2012).

Antibiotics are generated in large quantities around the world each year and are used to treat humans, animals, and agriculture-related diseases. These antibiotics eliminate the susceptible microbes, leaving the resistant ones. The question of how bacteria become resistant emerges in this situation? (Mellon *et al.*, 2001, Levy & Marshall, 2004b, Levy, 2005). The antibiotic-resistant gene can be resistant against one or a whole family of antimicrobials. Nevertheless, multiple genes can be found resistant against a single antimicrobial in the same organism. Similarly, the resistance approach in bacteria is also varied. Bacteria adopt a stepwise mechanism of mutation in chromosomes to show resistance against antibiotics in the absence of plasmids or transposons (Wang *et al.*, 2001, Levy & Marshall, 2004b, Schneiders *et al.*, 2003).

### 2.6 The Role of New Antibiotics in Controlling Diseases

In discovering new antibiotics, one of the main obstacles is that many bacteria cannot be cultured in the classical laboratory. But thanks to the recent advancement in cultivation techniques, which made the growth of uncultured bacteria possible. The microfluidic bioreactor is one of them in which 600000 pure actinobacteria can be grown microfluidic environment per hour (Zang *et al.*, 2013). This was the step taken by the Nsicons company in 2006 to grow uncultured and unclassified fungi, actinomycetes, or other hard to isolate strains to produce new metabolites. Therefore, the effort was fruitful in the discovery of a new protein synthesis inhibitor orthoformimycin novel compounds (Monciardini *et al.*, 2014). However, the combination of different antibiotics is also gaining importance to overcome antibiotic resistance. Several examples influence folate metabolisms, such as the combination of trimethoprim and sulfamethoxazole. Similarly, the combination of amoxicillin with clavulanic acid is an inhibitor of the  $\beta$ -lactamase drug resistance enzyme. They are broad-spectrum antibiotics that are active in suppressing the appearance of antibiotic resistance (Taylor *et al.*, 2012). Another, compound aspergillomarasmine A, was successfully trailed in a mouse model against *NDM-1 Klebsiella pneumoniae* to reverse the carbapenem resistance (King *et al* 2014).

For HIV, TB, and bacterial infections, multicomponent compound therapy is widely recognized. In addition, throughout the resistance phase,  $\beta$ -lactam antibiotics and lactamase

inhibitors are viable alternatives. In the near term, new  $\beta$ -lactamase inhibitors like avibactam and tazobactam have been incorporated into a few versions of earlier antibiotic groups or combinations, providing some optimism. Eravacycline5, a next-generation tetracycline, and plazomicin6, a next-generation aminoglycoside with efficacy against Gram-negative pathogens, are two drugs that have entered Phase III trials (King *et al* 2014).

#### 2.7 Intrinsic Resistance

Bacteria may develop resistance to antibiotics and metabolites through horizontal gene sharing, which involves changes in chromosomal genes. The intrinsic resistance of a bacterial species to an antibiotic is the capacity to withstand the antibiotic's effect due to inherent structural or functional characteristics (Chuanchuen et al., 2003). Antibiotic resistance is complicated, and it is mediated by several mechanisms. The whole family of  $\beta$ -lactam antibiotics is often linked with resistance to other antibacterial classes in carbapenem resistance. The result is widespread drug resistance, including PDR (Pan drug resistance). The development of carbapenemases or  $\beta$ -lactamase is a unique marker for MDR and extensive drug resistance (XDR) isolates. It is defined by the capacity of carbapenemaseencoding genes to propagate within and between species through non-chromosomal DNA (plasmid) transmission. (Livermore et al., 2012, Wang et al., 2013). In China, the first report of a plasmidmediated mcr-1 gene responsible for the horizontal transfer of resistance to colistin has been published. It was declared when the first colistin-resistant E. coli and Klebsiella pneumoniae isolates were recovered between the years 2011 and 2014 (Liu et al., 2016). Several significant reasons have tilted the balance towards the formation and uncontrollable spread of antimicrobial resistance over the past several decades, including the fast growth of the population and the intervention of new technologies.

In addition to this, many other factors (international traveling, migration, trade, and globalization) also played their role in the spreading of resistance (Stenhem *et al.*, 2010). Several DNA (gene) coding areas responsible for intrinsic antibiotic resistance of different kinds, including  $\beta$ -lactams, fluoroquinolones, and aminoglycosides, have been discovered using recent technology. High-throughput screening of mutant libraries of high-density genomes was used to accomplish this. By targeted insertion or random transposable element (TE) mutagenesis, they have been generated in a variety of bacterial species, including *E. coli, Staphylococcus aureus*, and *Pseudomonas aeruginosa.* (Blake *et al.*, 2013). In addition to inherent resistance, bacteria may acquire or evolve resistance to antibiotics from the environment. This may be done via a variety

of methods that fall into three categories: first, those that reduce antibiotic intracellular concentrations by exploiting the bacteria's efflux machinery or the antibiotic's low penetration ability. Second, the change or modification of the antibiotic target by genetic mutation or protein modification (enzyme); and third, those that inactivate the antibiotic by enzyme breakdown (hydrolysis) or modification. Each of the processes has been researched during the last several years (Fernández *et al.*, 2013 Ajaiyeoba *et al.*, 1992).

#### 2.7.1 Acquired Antibiotic Resistance

In both community and nosocomial infections, horizontal gene transfer has played a major role in the development and spread of beta-lactam antibiotic resistance among enteric bacteria. In this scenario, the development of antibiotic-resistant bacteria occurred at the same time that new antibiotic families were introduced. These classes tend to compromise the most successful ones, such as *Pseudomonas aeruginosa*, resistant to beta-lactams and aminoglycosides, which are significant problems for cystic fibrosis patients (Davies *et al.*, 2010).

The most popular horizontal gene transfer mechanism is antibiotic resistance via plasmid (Norman *et al.*, 2009). The conjugative transmission of the AMR gene is several times higher in nature than that in laboratory conditions (Sorensen *et al.*, 2005). However, in some species like *streptococci*, *meningococci*, the virulence and AMR gene are promiscuous, and the exchange occurs through transformation (Enright *et al*, 2005, Springman *et al.*, 2009). While *Acinetobacter spp is* competent in taking naked DNA from the environment (Barbe *et al.*, 2004). In all of the above, the role of plasmids, phages, integrons, and other genetic mechanisms is well established in the laboratory in the evolution of antibiotic-resistant bacteria. However, other mechanisms like bacterial cell-cell fusion also play a role in the mixed microbial communities in biofilm (Gillings *et al.*, 2009). Experiments show that conjugative transmission frequencies in nature are likely to be several orders of magnitude higher than those seen in laboratories (Sorensen *et al.*, 2005). Hall and stokes first discovered integrons in 1987 (Strahilevitz *et al.*, 2009). They play a significant role in the transmission and expression of genetic resistance to antibiotics (Gillings *et al.*, 2008).

Metagenomic study of bacterial samples from agriculture, hospitals, wastewater have several integrons carrying antibiotic resistance genes, showing the importance of integrons in the evolution of antibiotic resistance (D'Costa *et al.*, 2006, Walsh *et al.*, 2006). However, the genes already exist in the bacterial genome that generates phenotypic resistance is called intrinsic resistance. Many extrinsic and intrinsic gene activities in bacteria that lead to antibiotic resistance in clinical situations

have been discovered thanks to the availability of genome sequencing in this century. Gene amplification, for example, is a typical genetic pathway of resistance to sulfonamides and trimethoprim (Brochet *et al.*, 2006). Therefore, bacteria carrying integrons have the potential to integrate mobile genetic elements (gene cassettes), which correspond to a promoter less open reading frame (ORF) linked with attc a recombination site in the genome (Escudero *et al.* 2015). However, in all integrons class 1, integrons are the well spread and clinically important ones. Integron often found on the plasmid and other mobile genetic elements like transposon class 1 integrons were reported having ampicillin (*Ampr*) trimethoprim (*Tmpr*) and streptomycin-spectinomycin (*Strr -Spcr*), resistance genes (Fluit & Schmitz 2004). Similarly, class 1 integron genes (*intl1*) were found in entering bacterial isolates having *Tmpr*, *Ampr*, and *Strr* resistant genes. The integrase genes among these strains were very similar (Antelo *et al.*, 2018).

#### 2.8 Antibiotic Resistance

Intestinal bacteria such as *E. coli, Shigella, and Salmonella* were the first to develop multiple drug antibiotic resistance in the 1950s and 1960s. Due to this many clinical issues originated throughout the globe, especially in underdeveloped nations (Levy; 2001). Typically, antibiotic-resistant genes are directed towards a particular antibiotic class or kind. It is possible for an organism to collect many genes with the same drug resistance characteristic, resistance mechanisms, like antibiotics themselves, are varied. Successive chromosomal modifications cause bacteria to transition from low-level to high-level resistance in the absence of plasmids and transposons, which typically mediate high-level resistance (Ren *et al.*, 2012). This mechanism was central to the development of penicillin and tetracycline become resistant in *Neisseria gonorrhoeae*. Transposons containing highly resistant genes to these medications were subsequently acquired by the organism. Other Enterobacteriaceae, including *E. coli* have becoming more resistant to fluoroquinolones.

Enzyme (topoisomerases) mutations and increased production of membrane proteins that transport medicines out of cells cause this (Schneiders, *et al.*, 2003, Wang *et al.*, 2001). Though, other ubiquitous bacteria, including *E. coli*, *S. enterica*, and *Klebsiella pneumoniae* are the reason for several human and animal diseases. However, during the past five decades, a strong link has been discovered between the usage of antibiotics to treat these illnesses and the rise of antibiotic resistance (Davies & Davies, 2010). This is particularly evident with the antibiotics in the  $\beta$ -lactam class (containing the beta-lactam ring) and their related inactivating enzymes,  $\beta$ -lactamase. Now, several groups and classes of antibiotics have been described, comprising thousands of  $\beta$ -lactamases-

related resistances. These include, most recently recognized, gene groups and their mutant radiation (Davies & Davies, 2010).

### 2.9 Prevalence of Extended-Spectrum β-Lactamase Gene in Enterobacteriaceae

The most important mechanism of resistance among gram-negative bacteria to the  $\beta$ -lactam family of antibiotics, which involves the production of  $\beta$ -lactamase, is extended spectrum  $\beta$ -lactamases (ESBL) (Hirakata *et al.*, 2010). By horizontal gene transfer, ESBLs are usually acquired or spread and confer resistance to the third generation of antibiotics, oxyimino-cephalosporins.

Moreover, some of them are mutant derivatives of proven  $\beta$ -lactamase plasmid-mediated derivatives. TEM/SHV or mobilized from the previous work shows their fast emergence and development under the constant pressure of antimicrobial usage, in addition to the pace of discovery and the capacity to identify these enzymes. Except for the unique genotype *CTX-M-2* from South America, most of the ESBL identified in the 1990s are *TEM/SHV* forms. Five majors *CTX-M* genotype families recognize the acquisition of the  $\beta$ -lactamases genes from various species of Klebsiella. Surveillance data identified elevated levels of *K. Pneumonia* strains generating ESBL. The production ranged up to 10 % in Japan and Australia, about 30 % for *K. Pneumonia* in Singapore and China. And for *E. coli* ESBL, the percentage was 11 % and 25 % respectively for the two countries (Hirakata *et al.*, 2010).

Strains studied from China found *CTX-M-14* carbapenemases as the dominant genotype, which was found in the Far East region and recorded globally (Chanawong *et al.*, 2002, Hawkey; 2008). The geographical regions are correlated with genotypes of (*CTX-M*). The type (*CTX-M15*) is the common genotype recorded from India, particularly from the subcontinent. It also has reported ST 131, a very competitive uropathogenic *E. coli* (Ensor *et al.*, 2006, Nicolas-Chanoine *et al.*, 2008). Moreover, an outbreak of both *E. coli* and *K. Pneumonia* generating *CTX-M-15* from the southern part of China has been identified. Where the genotype had been exceedingly rare before, it suggests the potential for extensive dominant form spread and change (*CTX-M-14*) and (*CTX-M-3*) ESBLs. (Liu *et al.*, 2009). Significant changes in ESBL prevalence and types have been recorded in Europe since the end of the 20<sup>th</sup> century, producing the *CTX-M* genotype strains becoming dominant, mainly the *CTX-M-15* genotype. (Livermore *et al.*, 2007). Although in some other parts of the world the isolates producing *CTX-M* remains in the stage of sporadic, most of Asia, Europe, and South America is the stage of endemic prevalence (Lahlaoui *et al.*, 2014). According to the most recent data from SMART (Global

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Study for Monitoring Antimicrobial Resistance Trends), 40 percent of *E. coli* and 30 percent of *Klebsiella* species identified from individuals in the Asia-Pacific and Latin America region who had abdominal illnesses were ESBL positive (de Microbiología; 2008).

Metallo-lactamases (MBLs) having antibacterial activity against carbapenems have recently emerged, such as the enzyme families VIM and IMP, has put the therapeutic efficacy of this class of antibiotics in jeopardy. Higher synthesis of either AmpC or ESBL, as well as reduced production of porin protein or increased bacterial efflux efficiency, may all lead to carbapenem resistance. (Walsh; 2008, Mena et al., 2006). Six of the 33 European nations that participated in According to data from the European Antimicrobial Resistance Surveillance System (EARSS), carbapenem resistance rates of about 0.25 percent in the isolates of *P. aeruginosa* in 2007, with Greece reporting the highest prevalence at 51 percent. Greece likewise has a high incidence of *Klebsiella* resistance (Souli & Giamarellou, 2008). In the third-generation group, pneumoniae was 46 percent for carbapenems, 58 percent for fluoroquinolones, and 63 percent for cephalosporins. Furthermore, it has also been confirmed that the VIM-2 in Pseudomonas aeruginosa is the utmost leading MBL and confers the real clinical problem (Souli & Giamarellou, 2008, Walsh, 2008). VIM-2 type Metallo-β-lactamases have been recorded from over 36 countries across five continents. It was also reported that all antibioticcontaining  $\beta$ -lactam, excluding aztreonam, can be hydrolyzed by the MBL enzyme. VIM-1 represents the other major VIM MBLs that are phylogenetically associated. Furthermore, the related genotypes have become increasingly prevalent in the Enterobacteriaceae family, especially in Mediterranean nations. In 70 % of Brazilian Pseudomonas aeruginosa isolates, the gene encoding another mobile carbapenemase enzyme (blaSPM-1) was found. (Walsh, 2008). India has also expanded its usage of carbapenem antibiotics, putting strong selection pressure on the growth of carbapenemase-producing bacteria, including those that generate ESBLs. Japan, on the other hand, was the first nation to report IMP carbapenemase in 1991 (Herbert, et al., 2007). Fluoroquinolones bind to the enzymes DNA gyrase and topoisomerase-IV, resulting in bacterial DNA conformation changes during DNA replication and RNA synthesis. Resistance to fluoroquinolone antibiotics has been studied through gradual changes in the coding regions of the gyrase subunits, i.e., gyrA and gyrB and DNA topoisomerase IV parC (Lavilla et al., 2008). It has also been discovered that the widely widespread plasmid-encoded aminoglycoside-modifying enzyme (AAC-61- Ib-cr) piperazinyl-modified fluoroquinolone antibiotics ciprofloxacin and norfloxacin. The qnr genes also allow a non-chromosomal target protection mechanism. (Cattoir et al., 2009).

#### 2.10 E. coli Epidemiology

A group of bacteria within the *Enterobacteriaceae* family has a diverse phylogenetic structure of *Escherichia coli* (Clermont *et al.*, 2013). Many of them are the animals' normal flora, including humans (Nicolas *et al.*, 2014). Nevertheless, certain polygenetic groups (B2 and D) in humans who have UTIs are suffering from extraintestinal infections caused by *E. coli*. including meningitis. (European Centre for Disease Prevention and Control, 2014). The strain of *E. coli*, O25b-ST131, causes urinary tract infections which are highly virulent and resistant strains spreading around the globe (Clermont *et al.*, 2009).

There is little concern that antibiotic resistance in bacteria has risen only through the widespread use of antibiotics by humans (Davies and Davies, 2010; Hawkey and Jones, 2009). Bacterial resistance may occur by gene mutation or by sharing the antibiotic resistance gene with a plasmid and other mobile genetic components (integrons). Therefore, many antibiotics failed to treat bacterial infections, and only a few are susceptible to these antibiotic-resistant bacteria. In the recent era, antibiotic resistance is a severe health threat worldwide (Davies et al., 2011, Leonard et al., 2018). If the current trend continues, these antibiotic-resistant pathogens are expected to cause 10 million deaths per year by 2050 (Leonard et al., 2018). One important group in the antibiotic-resistant pathogens is ESBL producing Enterobacteriaceae, a special concern in human medicine, which is a critical priority by World Health Organization to develop new antibiotics against them (Tacconelli et al., 2017). In the presence of a wide variety of  $\beta$  lactam antibiotics, including cephalosporins and penicillin cephalosporins, bacteria producing ESBL enzymes may survive (Nordmann et al., 2012). Plasmid having ESBL gene, such as *blactx-m*, can easily spread and often get resistant to multiple antibiotics e.g aminoglycosides, tetracycline, and fluoroquinolones (Johnson et al., 2010; Nordmann et al., 2012). There are various other ESBL genes, such as blatem and blashy, but in 80 % of ESBL strains, *blactx-m* is the most common genotype in the world, particularly *blactx-m-15* (Amos et al., 2014). However, the rapid spread of ESBL blactx-m genotype is alarming to both animal and human health and its resistance to many frontline antibiotics, including third-generation cephalosporin (Collignon et al., 2009). Carbapenem is recommended against these bacteria, since 2010, the infections caused by the carbapenems producing strains have risen (European Centre for Disease Prevention and Control, 2016).

According to the "Enteric bacteria foodborne diseases burden epidemiology group" of WHO, there are 31 food diseases that have affected 600 million people and 420,000 casualties worldwide

(WHO, 2015). The highest mortality was reported from Africa (WHO, 2015). Most of these diseases were transmitted to humans by eating contaminated food containing associated microorganisms and chemicals (Kirk *et al.*, 2015). However, 79 % of the foodborne diseases are caused by a microorganism, in which the most dominant organism is *Salmonella spp*, *E. coli*, *Campylobacter*, and Norovirus (Getie *et al.*, 2019). Therefore, to overcome these bacterial diseases, many antibiotics are used in humans, animals, and agriculture. As a result, antibiotic resistance emerges in developing countries, and the enteric pathogens get resistant to ampicillin, tetracycline, streptomycin sulphadiazine, and chloramphenicol (Okeke *et al.*, 2005 Getie *et al.*, 2019). Moreover, in enteric pathogens fluoroquinolones is predominately resistant to *E. coli* (Robicsek *et al.*, 2006), *Citrobacter freundii* (Cattoir *et al.*, 2007) *Salmonella typhi* (Baker *et al.*, 2013). *Shigella flexneri* (Hata *et al.*, 2005), *Salmonella enterica* (Yanagi *et al.*, 2009). Resistance in these species can be caused by the point mutation of the *qyrA* and parC gene regions deciding the quinolone. Second, plasmid-mediated resistance of *qnr* alleles or *qepA* and *qxABB* quinolone efflux genes (Redgrave *et al.*, 2014; Blair *et al.*, 2005). *Salmonella* itself is responsible for around 3 billion human and animal infections (Crump *et al.*, 2004; Coburn *et al.*, 2007).

### 2.10.1 E. coli Infections in Humans

*E. coli* ST131 has been among high risk in *E. coli* strains. In the USA, 50 % of ESBL producing infections in adults, and 10-20 % of all clinical infections are caused by *E. coli* ST131 (Johnson *et al.*, 2016, Banerjee *et al.*, 2013). Similarly, the strain ST131-*H30* was also responsible for 44 % of ESBL-producing extraintestinal infections in children and 5.3 % of all other extraintestinal *E. coli* infections in the USA (Miles-Jay *et al.*, 2017). However, in other parts of the world, the pandemic lineages of *E. coli* strains circulate in Nigeria, Guinea, South Africa, and Tanzania (Chattaway *et al.*, 2016). The other pathogenic *E. coli* causing major outbreaks is EHEC, and its serotype 0157:H7 is the reason for the outbreaks in Australia, Europe and America (Allos *et al.*, 2004; Angulo, 2007). In America, the biggest ETEC epidemic occurred in the state of Illinois in 1998, when about 3,300 individuals were thought to have gotten sick after eating meals prepared by infected workers (Beatty *et al.*, 2006). EHEC's epidemiology has been a core issue and deemed significant to researchers, particularly in regard to the detection of EHEC serotype 0157:H7, though other non-O157 strains have also been the source of several major outbreaks in certain regions, including North America, Australia, and Europe (Allos *et al.*, 2004; Angulo, 2007). In South Asia and sub-Saharan Africa, the children are affected from mild to severe diarrhea due to *E. coli* and shigella

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(Kotloff *et al.*, 2013). Furthermore, diarrhea was the third greatest cause of mortality among fiveyear-old children in Sub-Saharan Africa, behind malaria and pneumonia, accounting for 12 percent of the projected 3.6 million fatalities in 2013 (Liu *et al.*, 2015).

Antimicrobial resistance has been found in *E. coli* from a variety of environments, people in hospitals, and animals. In which many are MDR resistant to three categories of antibiotics. However, prime importance to those resistant to fluoroquinolones, producing ESBL and carbapenemases (Magiorakos *et al.*, 2014; WHO., 2014). Moreover, several *E. coli* pathogens were reported from South Asia and Africa producing ESBL and resistant to gentamycin and ciprofloxacin (Lim *et al.*, 2016; Mathai *et al.*, 2008; Avasthi *et al.*, 2011).

The outbreak of gastroenteritis, hemorrhagic colitis in Germany in 2011, was due to E. coli 0104:H4 (Buchholz et al. 2011; Frank et al. 2011). The ST69 E. coli was also reported in many parts of the world, causing UTI and BSI. These EXPEC lineages are pandemic, including ST73, ST95, ST69, ST131, and ST393 (Riley, 2014). This small group is responsible for third and a half of all the EXPEC related extraintestinal infections in the world (Riley, 2014; Salipante et al., 2015; Yamaji et al. 2018b). Poultry meat has been linked with the number of these pandemic EXPEC genotypes including ST10, ST69, ST95, ST117, and ST131 (Hussain et al. 2017; Manges 2016; Yamaji et al. 2018a). A study of retail meat in northern California showed that ST strains from chicken and turkey meat were identified in 21% of E. coli isolates from probable UTI patients. (Yamaji et al., 2018a). While, from a total of 1188 clinical and 2452 meat E. coli, 76 distinct STs were found in a study conducted in Arizona USA. All of twenty-seven, two were from poultry meat (Liu et al. 2018). Furthermore, many ESBL producing E. coli strains, including ST10, ST69, and ST131 in the Netherlands, were isolated from both chicken and human samples (Leverstein-van Hall et al., 2011). During this period, some ciprofloxacin resistant strains of ST10 were also found in human clinical samples and chicken from Italy (Leverstein-van Hall et al., 2011). Similarly, E. coli ST10 was the most common E. coli, isolated from chicken in the period 0f 2005 -2007 in Canada (Bergeron et al. 2012). While 34 % of the STEC E. coli types were reported from vegetables contaminated with E. coli strains (Adnan et al., 2017).

Globally, *CTX-M* type, particularly *CTX-M* 15 of ESBL producing *E. coli* is important and frequently reported from the chicken, environment, wildlife, and humans (Silva et al., 2016; Kim *et al.*, 2015). Similarly, in Pakistan *CTX-M* are the most common ESBL genotype *E. coli* reported clinical isolates (Abrar *et al.*, 2018; Abbas *et al.*, 2019) and poultry Ur Rahman *et al.*, 2018). While, these

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genotypes are predominant in Asia, spreading by integrons and other mobile genetic elements (Ali *et al.*, 2016).

#### 2.11 Causes and Mechanism by Transferring Resistant Gene between Humans and Animals

The One Health approach, which links animal health to human health and their respective environments, provides a framework for understanding disease origin and transmission (Rupnik et al., 20008; Knetsch et al., 2018). A study conducted by Knetsch identified 247 strains of C. difficile RT078 from people and animals in 22 countries throughout Europe, North America, Asia, and Australia in research. (https://microreact.org/project/rJs-SYgMe). The high genomic similarity between human and animal isolates has proved that the above strains are frequently spread between humans and animals (Knetsch et al., 2018). This spread of C. difficile RT078 bacteria between humans and animals was also documented (Bakker et al., 2010; Keessen et al., 2011). Similarly, the MRSA strains isolated from humans' patients were identical to animals belonging to ST254, ST8, and ST22 genetic linage shared between animals and humans (Wieler et al., 2011). Furthermore, the transmission of veterinary-associated MRSA strain ST38 from horses to humans was reported (van Duijkeren et al., 2011). In the UK, the MRSA ST22 was transferred from companion animals to humans (Harrison et al., 2014). The first E. coli in which CTX-M ESBL enzyme was found, cefotaxime-resistant E. coli isolated from dog feces in Japan in 1986 (Matsumoto et al., 1988). After, that the ESBLs were disseminated in humans worldwide. Then, the ESBL positive uropathogenic E. coli was isolated from companion animals in Spain in 1998 (Teshager et al., 2000). Then CTX-M enzyme was found rapidly in bacteria related to human infections, and in animals, both commensals and clinical E. coli isolates have been producing  $\beta$ -lactamases CTX-M (Ewers et al., 2011; Pomba, 2017).

Recently, the MDR *E. coli* ST131 has been reported as a worldwide pandemic in humans (Wieler *et al.*, 2011; Dierikx *et al.*, 2012). The first fluoroquinolone-resistant *E. coli* ST131 clone had been reported from animals in a study conducted in Portugal. In that study, 41 isolates from the dog and 20 isolates from a cat were screened for ESBLs in the year 2004-2006 (Pomba *et al.*, 2009). Moreover, a large number of human clinical isolated ST131 samples are similar to animals *E. coli* ST131 isolates based on ARG, virulence genotype, plasmid, and PFGE profile (Bogaerts *et al.*, 2015 Ewers *et al.*, 2011).

*E. coli* such as ST156, ST405, ST410, and ST648 have been found in both animals and humans (Wieler *et al.*, 2011; Dierikx *et al.*, 2012). The high prevalence of similar clones in foods, humans,

and non-humans' species like dogs, cats, horses, and poultry may suggest their transmission via animal and food (Platell *et al.*, 2011). Therefore, the transmission is a contributory factor in the dissension of *E. coli*. Many carbapenems resistance strains were also reported in animals. NDM-1 and OXA-48 producing *E. coli* were isolated from companion animals in the USA and Europe (Stolle *et al.*, 2013; Shaheen *et al.*, 2013).

#### 2.12 Extensive use of Antibiotics

Antimicrobial resistance has increased by many folds in the last several years across the globe to healthcare settings. Mortality attributed to antibiotic resistance is one of them coupled with infectious diseases burden (De Kraker *et al.*, 2011, Köck *et al.*, 2010). Though the antibiotic resistance is not a new terminology and the resistant gene is present all around in our environment (Rolain *et al.*, 2012). Globally, the use of antimicrobial in animal food production will increase by 67 % by 2030, particularly in countries like Brazil, China, India, South Africa, and Russia. In these countries, the large scale of animal farming is highly demanded due to the rise of income and meat consumption demand (Brower *et al.*, 2017; Van Boeckel *et al.*, 2014; Van Boeckel *et al.*, 2015b).

About 80 %, of the antibiotics produced in the USA, are used as growth promotors and to control infections in the livestock. The sole purpose of antimicrobials use in livestock is to improve animal health, large yield, and quality products. These antibiotics are transferred from animals to humans when they consume animal meat in their food. This was reported 35 years back when antibiotic-resistant microbes were observed both in animals and the farmers' gut (Ventola, 2015a, Spellberg & Gilbert, 2014, Gross, 2013, Bartlett *et al.*, 2013).

The Union of Concerned Scientists, a national nonprofit organization established more than 50 years ago by scientists and students at the Massachusetts Institute of Technology (https://www.ucsusa.org/about) advocacy group recommends less use of antibiotics in agriculture. According to their report, 24.6 million pounds were consumed in animals (poultry, cattle, and swine) and only 3.0 million pounds are consumed for human medicines (Landers *et al.*, 2012a). Twelve major antibiotic classes are frequently used in animals. These are arsenicals, polypeptides, glycolipids, tetracycline, elfamycin, macrolides, lincosamides, polyether's, β-Lactams, quinoxaline, streptogramins, and sulfonamides are used in different phases of the poultry, cattle, and swine industry (Sarmah et al., 2006; Barton, 2000).

#### 2.13 Mechanism of Antibiotics Resistance

Antibiotics have disturbed the normal biochemical process of the targeted cell of pathogens. Most of these are bacteriostatic (inhibit the growth/division of cell) and bactericidal (kill bacterial cell) (Lewis, 2012). These abilities of metabolites produced by some bacteria and fungi were used to kill the human pathogen with very few side effects on the human cells (Lewis, 2012). It was first studied by Selman Waksman, a member of the discovery team of streptomycin. The spore-forming bacteria like actinomycetes more reported these metabolites. Waksman's strategy led to the foundation of many antibiotics' discoveries (Lewis, 2012; Lewis *et al.*, 2010). Waksman's strategy/approach was more systematic, and novel as compared to the accidental discovery of penicillin. He and his co-workers screened the growth inhibition zone of isolated soil microbes on agar plates providing different culture conditions. After that, they tested their inhabitation against specific bacteria. However, this was very painstaking work, screening thousands of microbes, but this approach of Waksman was very successful in yielding 20 antimicrobials, including the most essential streptomycin at that time (Santesmases *et al.*, 2018; Waksman, 1945).

The platform also enforced success metrics that would be used in future drug development initiatives. The most common method for determining a compound's MIC (minimal inhibitory concentration) is to evaluate cell growth inhibition in vitro on a rich medium. Similarly, in the mid-1960s, the Waksman technique failed to generate novel and effective antibiotic scaffolds. (Cho *et al.*, 2014). Because these specialized metabolites evolved as a result of microbial evolution in a particular environment and were not created to be used as medicines. The majority of them had significant pharmacological or toxicological flaws. This situation led to the entry of medicinal chemistry in the field of antibiotics. In this period, many synthetic versions of natural antibiotics were produced. The golden era of antibiotics was more focused on the broad-spectrum use of antibiotics with a lower dose in which single antibiotics was effective against many pathogens and an effort to avoid the antibiotics resistance against the old antibiotics (Cho *et al.*, 2014; Brown, 2015; Dwyer *et al.*, 2015).

Novel medication combinations radically altered medical practice and ushered in the "miracles" of modern medicine that we now take for granted. Most of the antibiotics target the cell wall and interrupt the DNA and ribosome machinery; however, few of them can have multiple targets in the pathogenic cell. Such as the  $\beta$ -lactam class of antibiotics mainly targets the cell wall of bacteria, but it can do in multiple ways by modifying the enzyme called PBS (Penicillin-binding

proteins) (Navarro-Martinez *et al.*, 2005). Collectively, these enzymes are involved in the modeling and synthesis of bacterial growth and cell division. So,  $\beta$ -lactam targets the penicillin binding protein PBPs. It also reduces the chances of quick resistance of genes against these antibiotics. Evidence is mounting that  $\beta$ -lactam antibiotics disrupt the bacterial cell-wall manufacturing machinery in a way that is much more complex than simple inhibition (Yam *et al.*, 1998; Navarro-Martinez *et al.*, 2005; Brown, 2015). Secondary metabolites are categorized in a variety of ways, but the most common is based on their chemical structures, mechanism of action, and spectrum of activity. They may also be categorized by how they are administered, such as injectable, oral, or topical. The efficacy, toxicity, allergic potential, and side effects of all antibiotics in the same class will usually follow a similar pattern. Antibiotics are classified into chemical or molecular structure groups such as  $\beta$ -lactams, Macrolides, Tetracyclines, Quinolones, Aminoglycosides, Sulphonamides, Glycopeptides, and Oxazolidinones. (Adzitey *et al.*, 2015; van Hoek *et al.*, 2011; Roberts, 2002; Queenan & Bush, 2007).

In the 1950s and 1960s, resistance to multiple antibiotics was initially discovered in gut bacteria such as E. coli, Shigella, and Salmonella. Due to which many clinical problems erupted all around the world, including causalities in developing countries (Levy, 2001; Sykes & Richmond, 1970). Indeed, the excessive usage of antibiotics has increased antibiotic resistance in the number of bacterial species. Especially, the situation is more pathetic in developing countries where antibiotics are readily available without a prescription. Bacteria may also develop antibiotic resistance via chromosomal gene mutations and horizontal gene exchange (Chuanchuen et al., 2003; Charlesworth, 2010; Smith & Coast, 2013; Bhullar et al., 2012). Moreover, it falls into three main groups. First, those that minimize the intracellular concentrations of the antibiotic by the efficient efflux machinery of bacteria or poor penetration capability of the antibiotics. Second, genetic mutagenesis or protein alteration of the antibiotic target. Third, those that degrade (hydrolyze) or modify antibiotics to render them inactive. Each of the processes listed above has been researched for many years (Fernandez & Hancock, 2012; Ajaiyeoba et al., 1992; Baquero, 2001). Approximately 30 different antibiotics were mixed in the food and water of animals. Recently, a study was conducted, which has revealed that more than 50 % of the antibiotics are used as a growth promoter for animals. In some developing countries, antibiotics are available without prescriptions which also add their part in the resistance (Singh & Barrett, 2006; Davies, 2007). The demand for antibiotics has increased in veterinary medicine in the international market. It was 8650 million

dollars in 1992 and had jumped to 20000 million dollars in 2010. It had almost reached 42.9 billion dollars at the end of 2018 (Hao *et al.*, 2014).

### 2.14 Resistance Controlling Strategies and Techniques/Alternatives

Antibiotic resistance can be addressed more effectively by taking cooperative efforts at the individual level, community-based, and national and international. Therefore, all strategies should be based on optimizing antibiotic usage, reducing the un-intended interaction between pathogenic microorganisms and antibiotics, and controlling the spread of resistant strains and sensible use of antibiotics (Tanwar *et al.*, 2014). To achieve this goal, an alliance was formed between FAO, WHO, and OIE with the principle of One health approach. Additionally, they issued a complete global action plan on AMR in 2015 (Hunter *et al.*, 2017). Meanwhile, FAO also issued AMR policy in 2016 to support the proper execution plan of WHO regarding the Global action plan in the food and agriculture sectors. Consequently, to aware people of AMU and AMR, the benefit of balanced use of antibiotics, minimizing the spread of infectious diseases, and giving proper dimension to research, resources for the spread of antibiotic resistance (Hunter *et al.*, 2017).

However, the alternative compounds used as antibiotics should be acceptable to the gastrointestinal tract, must be non-toxic, have high target accuracy, and be environmentally friendly. It has also enhanced feed efficiency and animal growth and more importantly, is free from resistance (Cheng et al., 2014a; Bourlioux, 2013). Vaccination is considered the best alternative to antibiotics. It is the most effective method to control and eradicate infectious diseases. For instance, through vaccination, smallpox was eradicated. It can also restrain AMR bacteria, which will greatly impact animal and human health. Brucellosis is a very lethal and common disease around the world. The disease is caused by *Brucella*, which is intracellular gram-negative bacteria (Leylabadlo *et al.*, 2015; Haque et al., 2011). Therefore, live attenuated and inactivated, and killed bacterial strains of Brucella are used to control brucellosis. RB-51 (Brucella abortus) is a typical example of vaccines used in these animals (Founou et al., 2016; Woolhouse et al., 2015). However, the safety assurance of recombinant vaccine must ascertain both for humans and animals before field trial (Poulet et al., 2007). Moreover, phytocompounds were also used as an excellent alternative to antibiotics. For a long in human civilization, plants were used as traditional medicine, both for animals and human beings. The farmers of developing nations were more confident approaching the traditional and local experts for their animal's disorders. The given traditional remedies are mostly plant-based which were organic, non-toxic, cheap, and readily available. Such as, Tagetes minuta and some other

plants were used as a whole or its leaves and roots extract to cure tick and worm infection in animals. Interestingly, like antibiotics, these compounds have broad-spectrum activity, which can be used as the best alternative to antibiotics (Sharma *et al.*, 2017c; Panda & Dhal, 2014).

Probiotics, prebiotics have availed of great importance in the production of safe food and have increased gut microbiota especially after banning antibiotics in food (Baffoni *et al.*, 2012; Pineiro *et al.*, 2008). Therefore, with AMR, the role of probiotics was increased in both the medical and animal sectors. Additionally, probiotics are the best food supplement, consists of beneficial gut microbes, and improve the immune system (Tellez *et al.*, 2015; Isolauri *et al.*, 2002). Such as, bacteriocins are the ribosomal synthesized protein that restrains and kill the related species of bacteria (Yang *et al.*, 2014). Bacteriocin is produced both by gram-positive and gram-negative bacteria. Similarly, actcin, sacacin, lactobin, and nisin were well-studied bacteriocin produced by gram-positive bacteria, particularly by *E. coli* (Karpinski & Szkaradkiewicz, 2013). Prebiotics are the food ingredients that selectively metabolize gut microbes. The number of gut microbes increases and enhances the immune system, which also acts as an antimicrobial to pathogens and gives other beneficial effects to the host. Some common prebiotics is oligosaccharides, polysaccharides, polyols, protein hydrolysates (Uyeno *et al.*, 2015; Isolauri *et al.*, 2002).

## 2.14.1 Phage Therapy

As an alternative to antibiotics, "Phage Therapy" is the potential of bacteriophage to inhibit bacterial growth. And this lysis of bacterial cells has greatly inspired the researcher to use it as an antibacterial agent and will be used in both the medicinal and veterinary sectors. Though, it targets a very narrow group of bacterial species (Buttimer *et al.*, 2017; Lobocka *et al.*, 2004). Phage therapy could be promising alternatives to antibiotics (Chanishvili *et al.*, 2019). The use of phage therapy against bacterial infections has gain attention because of its emergence. Historically, Frederick Twort was the first who identified the phage lysis zone related to phage infection in 1915. But Felix d'Herelle identified this phenomenon and used the term bacteriophage for bacterial dysentery in des Enfants-Malades hospital Paris in 1919 successfully (Chanishvili *et al.*, 2012). However, along with D' Herelle, other entrepreneurs in Brazil and the USA also attempted to commercialize phage production against *E. coli, streptococcus, staphylococcus,* and other multidrug-resistant bacteria (Sulakvelidze *et al.*, 2001).

Using an animal model such as mice with sepsis caused by *pseudomonas aeruginosa*, the oral treatment decreased mortality by 66.7 percent compared to 0% in the control group (Watanabe et al., 2007). Single phage strain administration in mice model affected vancomycin-resistant E. faecium (Biswas et al., 2002), imipenem resistant P. aeruginosa (Wang et al., 2006). ESBL producing E. coli (Wang et al., 2006) was enough to give 100 % recovery from bacteremia. Human phage treatment studies had begun at several institutions, including the Eliva Institute of Bacteriophage, Immunology, and Experimental Therapy in Wroclaw, Poland. Streptococcus spp, P.aeruginosa, Proteus spp, Enterococcus spp, S.aureus, E. coli, S.dysenteriae, and Salmonella spp have all been treated with the phage at the Eliava Institute in clinical and preclinical trials (Kutateladze et al., 2008). Similarly, during the 1974 typhoid outbreak, 18577 children were enrolled in a preventive intervention study using typhoid phage. It decreases five times typhoid incidence as compared to placebo (Lin et al., 2017; Kutateladze et al., 2008). However, two major phage proteins lysin and holin, work together to lysis bacterial cells (Roach et al., 2015). These proteins are infective against eukaryotic cells and fast-acting, potent against the bacterial cell. As lysin was successfully employed in mice affected with bacteremia by MDR A. baumannii (Lood et al., 2015), MRSA (Schmelcher et al., 2015), Streptococcus pneumoniae (Witzenrath et al., 2009). During the lysis of the bacterial host, the majority of phage species use two main protein groups. One is holin, a transmembrane protein, and the other is endolysin, a peptidoglycan cell wall hydrolase (lysin). The bacterial cell lyses is triggered by these two proteins working together (Roach et al., 2015). Therefore, bacteriophages can be used as an alternative to antibiotics. However, pharmaceutical companies were reluctant to invest. Because phage therapy has some shortcomings such as chances of resistant or unknown gene transfer, lack of clinical trials, and safety issues. As a result, this is still passing through the research phase (Born et al., 2015; Buttimer et al., 2017). Immunostimulants can be used to reduce the burden of antibiotics. These substances provoke the defense mechanism of the organism and enhance the host immune system against pathogens. They directly affect the immune system's innate responses by the activation of phagocytes, complement system, neutrophils, and increased lysozyme activity. Recently, the demand for immuno-stimulants is increasing, which is an alternative to antibiotics. Some common immuno-stimulants are proteins (arginine, leucine), vitamins: A, E, C, and many plant polysaccharides, hormones, cytokines, interferons, interleukin, and immunoglobin. With more research, immuno-stimulants will be a good alternative to antibiotics soon (Sharma et al., 2017c; Cheng et al., 2014b; Song et al., 2014; Masihi, 2000).

Bacteria communicate with themselves and the environment through quorum sensing, which plays a crucial role in pathogenesis. However, this communication can be disturbed by the degradation of the autoinducer, which inhibits the synthesis of auto induce. It will help to reduce bacterial pathogenicity. Such as homocysteine, which can disturb the QS signals (Pique *et al.*, 2015). However, different enzymes have been employed in the animal feed, enhancing the digestion capability and reducing drug abuse as a growth promotor in the animals. The enzyme also enhances the immune system, which directly reduces pathogens. Glycanases and phytases were the most commonly used enzyme in animal feed (Ravindran & Son, 2011; Bedford & Partridge, 2010; Selle & Ravindran, 2007).

#### 2.14.2 Nanotechnology

In 1959, Richard Feynman introduced nanotechnology, and the term of nanotechnology was coined by Norio Taniguchi in 1974. This technology mainly consists of the fabrication and characterization of a small range of molecules (<100 nm). Nanotechnology is used to create, develop, and treat materials that are embedded with nanodevices or nanoparticles (Sharma *et al.*, 2017; Momin and Joshi, 2015). Some nanoparticles have shown antimicrobial activity, such as copper that has inhibited the growth of many pathogens, including *S. aureus* and *L. monocytogenes*, and *E. coli* on a polymer composite after four hours of exposure (Cioffi *et al.*, 2005). Copper nanoparticles reported many toxic effects like lipid peroxidation, reactive oxygen species (ROS), protein oxidation, and DNA degradation which might be the reason for its antibacterial activity (Sheikh *et al.*, 2011; Chatterjee *et al.*, 2014). Similarly, zinc nanoparticles also possess antifungal and antibacterial activity (Vermeiren *et al.*, 2002).

Over the last several years, nanotechnology is well employed in food and animal science. Subsequently, it is also used to reduce AMR pathogens (Sharma *et al.*, 2017c, Raguvaran *et al.*, 2015, Sharma *et al.*, 2017b). Therefore, NP (Nanoparticle) is a convenient vehicle for the transfer of antimicrobial agents to the target area. Many NPs would be the best alternative agents against bacteria and fungi. Such as the control of bovine mastitis by NP (Gomes & Henriques, 2016; Cardozo *et al.*, 2014; Berni *et al.*, 2013). The above techniques are very beneficial to control the spread of antibiotic resistance. But with appropriate use of antibiotics, antimicrobial stewardship programs, education, hygiene, and disinfection, the development of novel antibiotics is also very important in controlling AMR problems (Lee *et al.*, 2013; Dellit*et al.*, 2007).

#### 2.15 Molecular Techniques to Investigate Antibiotic Resistance

Molecular description after the primary phenotypic result of antibiotic sensitivity testing is now the critical aspect of investigations of bacterial infections both in humans and animals. However, the phenotypic results are very much time taking or inconclusive than the molecular method. Therefore, molecular methods are the most appropriate method to study the desired biological problem at the gene level and find any mutation. The above characterization is often used as a reliable method to support or help epidemiological investigations. It is beneficial after an outbreak when phenotypic data does not provide enough information to make a strategy to hinder the diseases caused by MDR bacteria. In brief, AMR analysis through molecular biology is an essential pillar of AMR surveillance both on the regional and global stages. Therefore, the following are the important methods concerning AMR study such as NGS (Next-generation sequencing) and Real-time PCR (Stoesser *et al.*, 2013, Anjum, 2015, Fang *et al.*, 2008). A genome-based analysis is used broadly, both by reference and scientific laboratories. Thermocycler and hybridization are popular techniques. While methods like WGS and MALDITOF-MS (protein base method) are the new and advanced techniques in these laboratories. The main methods of genotypic methods for detecting AMR are (Stoesser *et al.*, 2013; Anjum, 2015).

### 2.15.1 PCR (Polymerase Chain Reaction)

PCR is the most well-known technique in molecular biology, developed by Kary Mullis in1980s. PCR brought a new revolution in molecular biology. This discovery enabled fast and exponential amplification of target genes using PCR primer (forward and Reverse), DNA polymerase (known amplifying enzyme), and the presence of deoxyribonucleotides. The basic steps for every PCR are common. Like, denaturation of genomic DNA, annealing, and the extension of the target DNA (Arya *et al.*, 2005; Yuce *et al.*, 2014; Saiki *et al.*, 1988; Anjum *etal.*, 2017).

In microbiology laboratories, these techniques are routinely used for the confirmation and detection of desired genes. It requires a targeted DNA sequence for designing primers. Then the amplified gene/sequence result is visualized by loading on the gel stained with specific loading dyes. This all procedure, from PCR amplification to visualization, takes 4 to 5 hours. With time, more advancements and development in PCR are noted (Anjum *et al.*, 2017). These include Q-PCR, LAMP (loop-mediated isothermal amplification), and RPA-PCR (Recombinase polymerase amplification). However, Q-PCR is different from conventional PCR as amplification of targeted genes is

monitored from the start of the cycle because of shining dyes in the reaction rather than at the end of the reaction like in conventional PCR. That's why it is called Quantitative PCR.

Consequently, there is no need for agarose gel electrophoresis; hence it has saved considerable time and is much human and environment friendly because of no use of ethidium bromide (a carcinogen) (Anjum *et al.*, 2013). LAMP and RPA, Isothermal PCR techniques are different from both conventional and Q-PCR, in which thermocycler run through constant temperature. In LAMP, 6 multiple primers are used at constant 65°C temperature. While for RPA-PCR temperature is around 40°C (Anjum *et al.*, 2013; Glais & Jacquot, 2015; Arya *et al.*, 2005).

## 2.15.2 Multiplex PCR

In Multiplex PCR, multiple DNA sequences are amplified concurrently using standard and real time PCR and can be performed by using both conventional and Q-PCR. Today the use of multiplex PCR is more in studying AMR genes. This technique has become a more user-friendly and appropriate technique as compared to conventional and RT-PCR. In this process, the number of antibiotic-resistant genes can be detected using multiple primers (Dallenne *et al.*, 2010; Anjum *et al.*, 2017; Solanki *et al.*, 2014). Using agarose gel electrophoresis or different dyes for real-time PCR, the amplified genes of various sizes may be seen. The above type of PCRs is convenient in identifying genes responsible for the same class of phenotype such as betalactamases genes resistant to the antibiotic cephalosporin group (Poirel *et al.*, 2011; Dallenne *et al.*, 2010; Anjum *et al.*, 2017).

#### 2.15.3 Uses of Different Types of PCR

Both lamp & RPA PCR uses specific temperatures to amplify the targeted genome sequence (Zanoli & Spoto, 2013). These are based on isothermal amplification techniques using enzymes in vitro, which start DNA replication and do not need accurate temperature control or the conventional PCR temperature of 50 to 95°C (Gill & Ghaemi, 2013). These isothermal amplifications included LAMP (loop-mediated isothermal amplification), RPA (recombinase polymerase 71 amplification), MDA (Multiple displacement amplification), NASBA (nucleic acid sequence-based amplification), and HDA (helicase-dependent amplification) (Gill & Ghaemi, 2013; Yan *et al.*, 2014).

RPA is a novel isothermal amplification technique that makes use of a recombinant enzyme that creates a nucleoprotein complex with oligonucleotide primers and allows the primers to be inserted into complementary DNA (Piepenburg *et al.*, 2006). The primer amplifies the targeted region similar to conventional PCR. However, exo-probe allows the RPA PCR to monitor real time

detection (TwistDx, 2013). Similarly, LAMP is another important isothermal-based assay. The key advantage of the LAMP PCR over others is the use of a rapid and simple protocol that helps in rapid diagnosis. In the LAMP assay, only a single enzyme is used (DNA polymerase). Moreover, a single temperature is needed for amplification, and without using electrophoretic techniques, the amplification is diagnosed. While in LAMP, four primers are used in targeting six regions of DNA (Lee *et al.*, 2017).

### 2.15.4 DNA Microarray Technology

DNA microarray is another very advanced genomic tool. Therefore, in the last few years, it is considered the most important technique in evaluating genomic diversity and confirming AMR genes in bacteria. In this assay, the glass slide is marked with specifically targeted probes based on genes (Barl et al., 2008; Carter et al., 2008). However, with the advancement in technology, several organisms were sequenced. Ultimately, the number of accessory genes was increased in DNA probes present on the microarray glass slide, which is not present in the reference strain. However, it is part of the pan-genome (the entire gene set of all the strains of a species). So now, using comparative genomic hybridizations, tested isolates and reference strain DNA/gene can be fluorescently tagged and hybridized to a DNA probe on a microarray slide (Yu et al., 2004; Anjum et al., 2017). By analyzing the hybridization results, the desired gene in the test strain can be detected through the reference genome. This method finds the genomic diversity among many tested organisms for which complete genome sequencing is not found. (Barl et al., 2008; Call et al., 2003). The microarray (ALERE technologies) was developed to study AMR and virulence genes on the plasmid, transposons of both commensal and pathogenic E. coli. However, later, this technique was extended to study the AMR gene in food and clinical isolation of organisms, particularly Salmonella and E. coli (Anjum et al., 2007).

#### 2.15.5 MALDI-TOF in Species Identification

Matrix-Assisted Laser Desorption Ionization-time of flight mass spectrometry (MALDI-TOF MS) is a new technique that has recently been opted by many research and clinical laboratories. Now it has been used to study biomolecules such as carbohydrates, DNA, and proteins. It first ionizes the biomolecules and changes them into the gaseous phase, so the time of flight is measured via these gas molecules. Therefore, the logic behind this is to measure the m/z (mass/charge) ratio of the gas molecules and is then used for molecular signature (Murray, 2012). This technique is performed on living organisms, including whole single organisms or complex biological samples such as

blood and urine. Moreover, each range (spectrum) generated by the machine is compared with commercial databases is helpful for species identification (Panda *et al.*, 2014).

Moreover, along with the detection of proteins and enzymes the MALDI-TOF MS is used for other biological molecules (Hrabak *et al.*, 2014; Panda *et al.*, 2014). MALDI-TOF MS has a protein base method. However, the antimicrobial biomolecules or their products degraded by enzymatic activity are detected by MALDI-TOF (Hrabák *et al.*, 2013). Therefore, the specific enzyme-drug combination is targeted in this approach and specifically relevant subgroups of important drugs. Due to that, most studies identify the compatibility of this approach with carbapenem because of the carbapenemase enzyme (Burckhardt & Zimmermann, 2011). However, MALDI-TOF is not strongly recommended in the identification of resistance due to the various drawbacks. This method for detecting carbapenem medicines (imipenem and meropenem) and their enzyme-degraded derivatives in the clinical laboratory relies on a preincubation phase to provide time for degradation. Second, compared to species identification, these molecules must be analyzed across a narrower range (0 to 700 m/z). (Chong *et al.*, 2015). Furthermore, many antimicrobial agents, such as vancomycin-resistant enterococci and MRSA, are not inactivated by enzymes. All of these flaws make this strategy unworkable (Anjum *et al.*, 2018).

#### 2.16 Sequencing Methods: Analysis to Detect AMR

Like polymerase chain reaction and DNA microarrays, NGS can also screen various genes and all kinds of biological mutations conferring antimicrobial resistance (Zankari *et al.*, 2012; Gupta *et al.*, 2014). The WGS has the advantage over other molecular methods to cover many different targets simultaneously. WGS technique for analysis has its pros and cons, like PCR and DNA microarray. However, unlike microarrays, the sequencing technology has made the addition of new target sequences rapidly to analysis database and do a quick analysis of already sequenced isolates in silico reanalysis (Hasman *et al.*, 2015; Anjum *et al.*, 2017).

Current advanced sequencing and computational methods have generated large data that is easily analyzed compared to the old Sanger method. Currently, Illumina and Ion's torrent machines were the best in generating high throughput of bacterial genomes. This sequencing is also called '3rd Generation' or 'Next Generation Sequencing. Given the output of the short read, about 100400 base pairs depending upon the machine. Therefore, the sequenced gene part represents less of the gene representing antibiotic resistance. Secondly, 2<sup>nd</sup> generation sequencing has a higher error rate than

the old Sanger sequencing method (Kwong *et al.*, 2015; Piccinini *et al.*, 2012; Pilla *et al.*, 2013).To reduce the above problem, many 100-400 bp reads are generated for every genome.

Furthermore, it is mapped with referenced assembly or uses these reads to make large contigs through the de novo method (Padmanabhan *et al.*, 2013; Edwards & Holt, 2013). The NGS (Next-generation sequencing) quality and quantity of short reads for the correct downstream analysis was improved. WGS is a sensitive technique so it must be ensured that no contamination of the foreign DNA is present to give false-positive results. Unfortunately, a small amount of DNA from intraspecies contamination can't be detected. However, good library skills and positive and negative control are advantageous to avoid or minimize contamination during DNA extraction and sequence library preparation (Gargis *et al.*, 2012). Whole-genome sequencing has made significant contributions to the area of infectious diseases, particularly in terms of bettering our knowledge of transmission dynamics and epidemic analyses. Further, with this technology, we can screen the acquired antibiotic resistance gene and chromosomal mutations to predict the AST (Antibiotic Resistance Gene) results. Lastly, whole-genome sequencing is essential for guiding antibiotic treatment decisions (Tamma *et al.*, 2019, Cao *et al.*, 2016).

#### 2.16.1 New Advanced Sequencing Methods

There are three axes in the presently available sequencing platform. Oxford Nanopore and Pacific Biosciences sequencers make advantage of single molecule detection on a per-reaction, well, or sensor basis. Ion Torrent, Roche 454, and Illumina platforms all detect colony amplified DNA in the same way. While axis two is based on Illumina's optical detection for base calls during sequencing optical detection to make sequencing base calls, as performed by Illumina, Roche 454 "detection of light via pyrosequencing" platforms, Pacific Biosciences "detection of fluorescently modified nucleotides" (Levy *et al.*, 2016). Furthermore, as performed both by Oxford Nanopore measurement of the translocation of DNA through a nanopore sensor and Ion Torrent detection of the release of H+ during a polymerization reaction via a solid-state sensor. However, the most common axis is the third axis called sequencing by synthesis using polymerase or ligation process to do so. In which, the reaction product is measured, or direct DNA molecules are measured. Ion Torrent, Illumina, Pacific Biosciences (Quail et al., 2012) performed this type of sequencing. The third axis involves using a polymerase or ligation procedure to initiate a sequencing-by-synthesis reaction. The reaction's products are then analyzed to provide sequencing data or directly measure DNA molecules. A polymerase reaction is used in Illumina, Ion Torrent, Pacific Biosciences, and Roche 454

sequencing-by-synthesis processes. The Polonator platform and the old Applied Biosystems SOLiD platform, on the other hand, utilize ligation-mediated synthesis. The Oxford Nanopore platform measures DNA sequences in real-time. Depending on the chemistry and detection techniques employed, each publicly accessible stage both resembles and differs from the others. Because of these similarities and variances, the platforms have a range of capabilities and specifications, resulting in distinct strengths and disadvantages. Because of the variations between the platforms, especially their limits, numerous comparisons to assess their performance under comparable circumstances have been made. (Quail et al., 2012). It's also become more economical to combine several platforms in a single experiment to make use of each platform's capabilities. (Ku CS et al., 2013). The above all sequencing platforms are compared on the number of reads produced and the length of those read produced in a given instrument. While other factors considered are sample preparation cost, cost per base/per run, run time of the instrument, etc. (Burghel et al., 2015; Szalay et al., 2015). The Illumina and Ion Torrent platforms have dramatically reduced the cost per sequenced base and boosted data output in short-read sequencing methods. While there has been an increase in the duration of reads (35-350 bases per reading). Illumina compensates for short read lengths by allowing pairedend sequencing, which involves sequencing both ends of the same DNA molecule to the full read length. (Leinonen et al., 2011).

The Illumina platform has more suitable in NGS and exome sequencing and applications that count reads, such RNA sequencing (RNA-seq) (Illumina; 2014). However, in term of output, the two highest Illumina's machines are The HiSeq 4000 and HiSeq X for genome sequencing may produce more than 6 billion paired-end reads despite having a 150-nt read limit.approximately 12 billion overall readings per instrument run for general purposes (Li *et al.*, 2014; Lou *et al.*,2013). Oxford Nanopore and Pacific Biosciences are the two powerful technologies that produce long reads in the case of a long read. They produce read lengths each reading in the tens of thousands of bases. In a zero-mode waveguide, a sequencing-by-synthesis technique is used by Pacific Biosciences to detect sequences optically. while, Oxford Nanopore uses nanopore for detection (Levene *et al.*, 2003). Moreover, nanopore sequencing was first commercialized by Oxford Nanopore, which they did in the Minion sequencer. It was the most feasible sequencer machine that was handheld and operates only through the USB port. It was the most cost-effective sequencer released at that time of \$ 1,000 (Reuter *et al.*, 2015). Secondly, up to 100 Mb of data of the long-read length of six KB has generated by the MinION platform is per 16-hour run (Ashton *et al.*, 2015). A hybrid assembly is created using data

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from nanopores and Illumina technology (Goodwin *et al.*, 2015; Risse *et al.*, 2015). Library preparation techniques and analysis algorithms for long read sequencing data are rapidly evolving, including scaffolding approaches for assembling draught genomes and tools for analyzing and visualizing MinION data. (Warren *et al.*, 2015 126, 15), including error corrections improvement and read accuracy (Jain *et al.*, 2015 55; Szalay *et al.*, 2015).

Second-generation sequencing has progressed significantly in the past decade in terms of detecting genetic variations in any species. However, for complicated structural variants identification, such as copy number variations, these short reads of 100-500 bp are insufficient. (Magi *et al.*, 2018). However, third-generation sequencing had mostly resolved this issue in the last few years by producing long reads with different strategies. In which Oxford Nanopore technology including MinION, GridION X5, and PromethION analyze the DNA through the nanoscopic pore (Korlach *et al.*, 2010; Jain, *et al.*, 2016). However, GridION X5 is cost-effective in Oxford Nanopore technologies. GridION X5 is a small benchtop sequencer that can use five MinION Flow Cells at a time, which drastically increases the MinION experiment up to 100 GB of DNA sequence data output of 48 hrs of sequencing run (Bolognini *et al.*, 2019).

#### 2.17 Bioinformatics approaches to study WGS (Whole Genome Sequencing) Data

Getting the relevant information from the DNA related to AMR from WGS data is easy now. It requires appropriate bioinformatics tools to analyze WGS. Further, target databases of WGS are working on the same principle as the primer does in PCR or in DNA microarray to detect the specific target in the genome (Ellington *et al.*, 2017; Padmanabhan *et al.*, 2013). In the computational approach BLAST and mapping of raw reads are the two essential bioinformatics tools to detect the desired gene from the sequenced data (Gargis *et al.*, 2012; Kwong *et al.*, 2015).

Additionally, advancement in computational link with biology has increased the role of bioinformatics tools for analyzing and detecting genetic determinants for the antibiotic-resistant gene in WGS data. These bioinformatics tools can be found online or downloaded and used on a PC (Personal computer). However, it needs Linux or Unix operating window. For example, Resfinder, CARD "Comprehensive Antibiotic Resistance Database" ARG-ANNOT "Antibiotic Resistance Gene-Annotation" Prokka and plasmid finder (Martens & Demain, 2017a).

Most of the bioinformatics tools identify genome sequences that reduce the AMR Susceptibility pattern, including other mutations. However, to study the correlation between the

genome and phenotypic expression is only known through the antibiotic resistance digital library and previous research papers. The only drawback of such a library is no new genes and mutations are identified. Because they are based on preloaded data, fit in the database (Clausen *et al.*, 2016; Arya *et al.*, 2005). Regular monitoring of the database and updating is needed with the discovery of new genes. Although all international and local surveillance of AMRs is strongly dependent on target databases, they offer a unique resolution of gene variants which is not an easy job to obtain by phenotypic approach or through other molecular methods. However, NGS methods have reanalyzed the previous data and updated the library by finding new genes and mutations. Similarly, the expected existing data for colistin was reanalyzed when it was first reported in China (Liu *et al.*, 2016b, Arya *et al.*, 2005). Now the *mcr-1* gene is recovered from GenBank is added in ResFinder software, used to screen colistin-resistant genes (Thomsen *et al.*, 2016).

Overall, the screening of the AMR gene through the reference mapping technique is more sensitive compared to BLAST-based analysis. Because the de nova doesn't assemble all the sequences of a gene. And it may be because the ratio of the resistant gene contigs is meager in the DNA for complete assembly or more resistant genes with similar DNA sequences. Resultantly, the assembler split this fragment and ultimately splitting the resistant gene (Clausen *et al.*, 2016; Martens & Demain, 2017a).

#### 2.17.1 Newly Advanced Bioinformatics Database use for AMR

With more advancement in computational link with biology, the use of the different computational databases was increased to screen AMR genes from sequencing data. These bioinformatics databases are accessed online or easily downloaded through the internet and can be used on one's personal computer (McArthur & Tsang, 2017).

## 2.17.2 ResFinder

A BLAST-based alignment database uses the FASTA format to screen AMR sequences from the WGS data. After the BLAST, the 30 bp overlap of the top hit is shown as a result. Due to which the same gene position can be located in a different position. Results are based on minimum percentage length and minimum percentage identity of the alignment sequences. Therefore, those genes will be reported which meet these parameters (Larsen *et al.*, 2012; Zankari *et al.*, 2012). So, the above two selection parameters are strongly dependent on the quality of the desire sequence and the purpose of its use. Both preassembled data and raw data from different sequencing sources are uploaded. The target sequences of WGS data are assembled by Velvet assembler then analyzed by ResFinder.

ResFinder is also a web service on the Center of Genomic Epidemiology (CGE) bacterial analysis platform to study AMR genes from WGS data (Thomsen *et al.*, 2016). Resfinder is a well-suited technique to study AMR surveillance. Moreover, it only deals with those genes which are acquired or present on the plasmid and do not deal with chromosomal mutation, multidrug transporter, and other intrinsic resistance in bacteria (Thomsen *et al.*, 2016; Zankari *et al.*, 2012).

# 2.17.3 CARD

CARD is another antibiotic resistance algorithm. It has two options of analysis as blast and RGI (resistance gene identifier). The first approach performs BLAST searches on smaller DNA sequences supplied by the user to the CARD reference sequences. The RGI analyzes the data by two methods. The first method of resistant gene detection is based on BLAST sequenced similarity called the protein homolog model. The second method is called "protein variant models" which detect mutations in the target genome and confer AMR (McArthur *et al.*, 2013). As the RGI currently works on protein sequences, when any contigs of WGS are submitted to the tool. After predication or identification of the open reading frame, it will then analyze the predicted protein. However, it can also analyze the bulk of the genome at a time (McArthur & Wright, 2015, McArthur *et al.*, 2013).

## 2.17.4 ARG-ANNOT

ARG-ANNOT is another antibiotic resistance gene database. It works by using the combination of BioEdit and the local BLAST algorithm. The software can be easily downloaded on a PC and can analyze the data without internet access. The ARG-ANNOT provides three databases. Firstly, the FASTA format and the header will have the information. Secondly, plasmid bearing antibiotic resistance genes with protein or DNA nucleotide sequences. The third is the mutation identifying database. Now, with this tool, we cannot detect mutations automatically. However, the target gene sequence will match with the reference sequence, and the mutation can be found manually by the user (Gupta *et al.*, 2014, Anjum *et al.*, 2017).

Following are some other genomic and phenotypic searches that can be found on the website of "Center for genomic epidemiology"

LRE-finderhttps://cge.cbs.dtu.dk/services/LRE-finder/

PathogenFinderhttps://cge.cbs.dtu.dk/services/PathogenFinder/

VirulenceFinderhttps://cge.cbs.dtu.dk/services/VirulenceFinder/

MLSThttps://cge.cbs.dtu.dk/services/MLST/

## 2.17.5 Kmer Resistance

Kmer resistance is another mapping tool available both as command-line and web server version. The methodology of the Kmer tool is to count the number of K-mer occur between raw data and reference database and perform mapping against the ResFinder gene database. To find probable AMR impurities and reduced false-positive results by adding a novel quality validation estimation of data. The quality of identified resistant gene is measured by exponential survival function (Clausen *et al.*, 2016; Anjum *et al.*, 2017). Bioinformatics applications have been significantly important for the analysis and interpretation of next-generation sequencing data. More advanced computational tools can now analyze and interpret the NGS data in a more standard fashion and provide workable results (Lelieveld *et al.*, 2016; Thomsen *et al.*, 2016).

Based on the amount of overlapping (co-occurring) k-mers, the KmerFinder determines the bacterial species (6-mers). In the reference database, there is a k-mer overlap between the query genome and the reference genome. (Hasman *et al.*, 2014). If the first 16-mer starts at position N and finishes at position "N + 15," all of the data was divided into overlapping 16-mers. The next 16-mer starts at position N + 1 and finishes at position N + 16, and so on. Only 16-mers with the prefix ATGAC were retained to decrease the size of the final 16-mer database. Finally, the query genome is projected to the genome's species. It is also compared to the common 16-mers, regardless of the 16-mers' position. (Hasman *et al.*, 2014)

Detection of genetic determinants of antibiotic resistance requires analytical tools and databases, which will be very useful to determine these genotypic-phenotypic correlations. Therefore, the combination of concerned bioinformatics and biological competencies is based on the mutual collaboration of these two systems. Lastly, the need for proper validation of software and target databases will be completely documented and calibrated (Anjum *et al.*, 2017).

### 3.0 Methodology

## 3.1 Sample collection

In this study all the chicken liver samples were collected from the National Reference Laboratory for Poultry Diseases in Pakistan via federal and provincial sentinel surveillance laboratories under a national surveillance program from 2015 to 2017. The samples were collected from four provinces Punjab, Sindh, Khyber-Pakhtunkhwa, Baluchistan, and the capital Islamabad. In this study chicken liver from culled layer and broiler chickens that had poor birth growth and reduced appetite but not otherwise symptomatic for colibacillosis were aseptically removed using fully sterilized gloves and then placed in a sterilized container. However, the liver was easy in collection and transportation as compared to other parts like blood as well as more invasive and competitive bacteria to reach the liver. Moreover, each liver was separately packed in a sterilized plastic bag and then ship in an icebox to the National Reference Lab for Poultry Diseases NRLPD. As National lab of poultry diseases (NRLPD) has a well-established surveillance system in coordination with provincial livestock departments in Pakistan. The samples were then received by the well-trained person in the NRLPD reception. Moreover, before transfer to the bacteriology lab, a proper record was maintained of each received sample with a given lab ID.

## 3.2 Microbiological Analysis of Poultry Isolated E. coli 3.2.1 Isolation

The liver received in the bacteriology lab was sterile from the surface by a hot iron strip. After sterilization from the surface, a loopful of the liver inside was inoculated onto the autoclaved nutrient broth and incubated at 37°C for 24 hours. Thereafter, the loopfuls from the broth were streaked on EMB (Eosin methylene blue) and MA (MacConkey Agar) (Quinn *et al.*, 2002). Agar plates were incubated for 24 hours at 37°C. Subsequently, on the next day, as lactose-fermenting *E. coli* had flat, dark colonies with a green metallic sheen on EMB, and dry, flat, pink colonies with a surrounding darker pink area were observed on MA. The suspected colony was picked up and streaked on blood agar for morphological and biochemical identification (Amer *et al.*, 2018, Quinn *et al.*, 2002). However, the strains were further confirmed by using API 20E kits (Biome Rieux, Durham, NC).

## 3.3 Gram Staining and Colony Morphology

Gram-negative bacteria (*E. coli*) were studied based on size (large, moderate, small), colony shape (round, irregular), colony color (green-metallic sheen, pink), and colony margins and elevation

(concave, convex, raised). The only single isolated colony of such characteristics was further examined by gram staining. Few drops of saline water were placed on the sterile glass. A part of the isolated colony was mixed with saline drop with a sterile wire loop and could air dry and heat fixed. Crystal violet was applied on the dried smear sustain for 1 min. After washing with distilled water, the smear was covered with mordent (iodine) solution for 1 min. Then, the smear was washed with a decolorizer (ethanol) for few secs, after washing with water. Before the smear was covered with Safranin (counterstain) for 30 secs, it was washed with water. After 30 secs, the slide was washed, air-dried, and examined under the microscope (100X), applying immersion oil (Quinn *et al.*, 2002).

# **3.4 Biochemical Confirmation**

E. coli were further confirmed by using the following biochemical tests

# 3.4.1 Catalase Test

This test is used to differentiate *E. coli* (catalase-positive) from non-catalase (*Streptococcus*) species. The test was performed to detect the presence of catalase enzyme in the organism by using hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>). A drop of 3% hydrogen peroxide was placed on a clean, sterile glass slide. A colony was picked with the help of a sterile toothpick and mixed with an H<sub>2</sub>O<sub>2</sub> drop. Bubble production indicates a positive result. Catalase enzyme converts H<sub>2</sub>O<sub>2</sub> into O<sub>2</sub> and H<sub>2</sub>O. Therefore, no bubble formation was indicative of a catalase-negative organism (Dezfulian *et al.*, 2010, Bertrand *et al.*, 2002).

# 3.5 Motility Test by Hanging Drop Method

This test is performed to check if bacteria are motile employing flagella. As non-motile bacteria do not possess flagella. While *E. coli* are a motile organism.

## Procedure

- A single drop of water was placed on the center of the coverslip
- A single colony of bacteria was mixed with water on the coverslip
- Coverslip was placed on the central dispersion side of the glass slide. The coverslip was stick with the slide, when the slide has inverted the drop of bacteria had suspended with the Eppendorf wall.
- In the end, the motility was examined under X400 of the microscope.

# **3.6 Analytical Profile Index (API20E)**

API 20E is series of biochemical tests for the identification and differentiation of the members of the Enterobacteriaceae family. It consists of plastic strips having twenty mini test chambers and has a chemically defined composition for each test. The list of tests included in API20E are, ONPG, ADH, LDC, ODC, CIT, H2S, URE, TDA, IND, VP, GEL, GLU, MAN, INO, SOR, RHA, SAC, MEL, AMY, ARA, and OX test are included in the API20E (Robinson *et al.*, 1995; Miller, 1991).

Protocol

- A single and isolated colony was picked from a pure culture mixed with sterile distilled water or in normal saline.
- API20E strip compartments were filled up with bacterial culture according to API20E guidelines.
- Two drops of sterile wood oil were added to ADH, LDC, ODC, H2S, and URE compartments after the bacterial suspension.
- The stray was sprayed with sterile water to keep the environment moist for bacterial growth.
- API tray was labeled with identification number and date.
- The tray was having a bacterial culture and was incubated at 37°C for 18-24 hrs. Reagents adding on next day

Some of the test results were read directly based on the change in color after 24 hrs.

While in some we added reagents before reading. Following reagents were added in specific compartments.

- 1. TDA compartments added one drop of Ferric Chloride
- 2. IND compartments added one drop of Kovascs reagent
- 3. VP compartments added one drop of VP1 reagent and one drop of VP2 reagent

(Waited for 10 min to note its result).

However, the API-20E kits were incubated at 37°C for 24 hrs. Quality control of the kits was performed by inoculating kits with quality-control microorganism "*E. coli*". In addition, autoclaved distal water was processed alongside every suspected *E. coli* as a negative control. Further, the online API web.bioMérieux.com analytical was used to identify both the presumptive Avian *E. coli* and confidence associated with the identification (Robinson *et al.*, 1995, Miller, 1991).

# **3.7 MALDI-TOF used for Sample Identification**

MALDI-TOF (matrix-assisted laser desorption/ionization-time of flight mass spectrometry) was used for the *E. coli* identification before further molecular analysis. It is a new technique used for bacterial and fungi identification in many research laboratories (Wieser *et al.*, 2012, Eigner *et al.*, 2009). The isolated strains were streaked on blood agar and incubated at 37°C for 24 hrs, before MALDI-TOF.

The protocol followed for MALDI-TOF

- The pure isolated colony was mixed with 1 ul of matrix solution on the target plate (steel plate) to dry
- The matrix solution was crystalized with sample
- The loaded targeted plate was inserted into the machine and then it was transferred to the measuring chamber
- With the insertion of the loaded plate, the air was introduced to create a high vacuum before sample analysis
- Then the samples were exposed to laser pulses
- The laser pulses vaporized the loaded samples with solution matrix, lead the ionization of proteins (ribosomal)
- An electromagnetic field of 20 kV accelerated the ions before they entered the flight test tube
- The time of flight (TOF) of the ions particles or analytes were measured reaching the detector end
- Both masses of protein and degree of ionization was based to measure the time of flight (TOF)
- Based on the time of flight (TOF) information, a spectrum was generated by an automatic machine which was unique for every species.

## 3.8 Antibiotic Susceptibility Profiling

Antibiotic susceptibility test of the isolated *E. coli* was conducted by using the Kirby-Bauer disk diffusion method (Boyen *et al.*, 2010). The test was performed according to the guideline of the clinical and Laboratory standard Institute (CLSI, 2017). Muller Hinton agar was prepared following the manufacturer's instructions (Oxiod, UK). Control strains used in this study were *E. coli* ATCC 25922 and *S. aureus* ATCC 25923 (Jones *et al.*, 2005). A panel of Twenty-one (21) antibiotics was tested in Pakistan, included amoxicillin (25  $\mu$ g), penicillin (10  $\mu$ g), gentamycin (30

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 $\mu$ g), neomycin (30  $\mu$ g), spectinomycin(100  $\mu$ g), streptomycin (25  $\mu$ g), ciprofloxacin (5  $\mu$ g), flumequine (30  $\mu$ g), enrofloxacin (5  $\mu$ g), norfloxacin (10  $\mu$ g), sulfamethoxazole-trimethoprim, (25  $\mu$ g), erythromycin (30  $\mu$ g), chloramphenicol (30  $\mu$ g), ceftiofur (30  $\mu$ g), doxycycline (30  $\mu$ g), oxytetracycline (30  $\mu$ g), meropenem(10  $\mu$ g), ertapenem (10  $\mu$ g), colistin Sulphate (25  $\mu$ g), nitrofurantoin (300  $\mu$ g), lincomycin (15  $\mu$ g) were selected in first phase of this study.

The *E. coli* strains that had been preserved in 50% glycerol and PBS solution were sent in dry ice to Gautam Lab Washington University St. Louis United States of America. However, some of the strains had lost their viability and the revive was re-tested against the thirty-one (31) antibiotics for extended spectrum in GD lab USA. The antibiotics panel were included ampicillin (10  $\mu$ g), cefazolin (30  $\mu$ g), cefotetan (30  $\mu$ g), ceftriaxone (30  $\mu$ g), ceftazidime (30  $\mu$ g), cefepime (30  $\mu$ g) meropenem (10  $\mu$ g), imipenem (10  $\mu$ g), piperacillin-tazobactam (100/10  $\mu$ g), ceftolozane-tazobactam (30/10  $\mu$ g), ceftazidime-avibactam (30/20  $\mu$ g), ampicillin-sulbactam (20  $\mu$ g), ciprofloxacin (5  $\mu$ g), levofloxacin (5  $\mu$ g), gentamicin (10  $\mu$ g), aztreonam (30  $\mu$ g), doxycycline (30  $\mu$ g), minocycline (30  $\mu$ g), tigecycline (15  $\mu$ g), nitrofurantoin (300  $\mu$ g), colloramphenicol (30  $\mu$ g), norfloxacin (10  $\mu$ g), streptomycin (10  $\mu$ g), lincomycin (2  $\mu$ g), ceftiofur (30  $\mu$ g), oxytetracycline (30  $\mu$ g), spectinomycin (100  $\mu$ g) and delafloxacin (5  $\mu$ g).

The interpretation of the zone of clearance was used to create a heatmap with hierarchical clustering for each isolate in the heatmap (R studio). ComASP<sup>TM</sup> (Liofilchem) was used exactly in concordance with the manufacturer's instructions to quantify colistin resistance in isolates with identified in silico resistance determinants.

		Zone Diamete	Zone Diameters in mm			
Antibiotics	Disc code	Resistant	Intermediate	Susceptible		
Amikacin	AK	≤14	15-16	≥17		
Amoxycillin	AMC	≤13	14-17	≥18		
Ampicillin	AMP	≤13	14-16	≥17		
Aztreonam	ATM	≤17	18-20	≤21		
Cefazolin	KZ	≤19	20-22	≤23		
Cefepime	FEP	≤14	15-17	≥18		
Cefixime	CFM	≤15	16-18	≥19		
Ceftazidime	CAZ	≤17	18-20	≥21		
Ceftriaxone	CRO	≤19	20-22	≥23		
Chloramphenicol	С	≤12	13-17	≥18		
Ciprofloxacin	CIP	≤20	21-30	≤31		
Colistin	СТ	≤10		≥11		
Doxycycline	DO	≤10	11 -13	≥14		
Ertapenem	ETP	≤18	19 -21	≥22		
Erythromycin	Е	≤13	14-22	≥23		
Gentamicin	CN	≤12	13-14	≥15		
Imipenem	IPM	≤13	14-15	≥16		
Levofloxacin	LEV	≤13	14-16	≥17		
Meropenem	MEM	≤19	20-22	≥23		
Minocycline	MH	≤12	13-15	≥16		
Nitrofurantoin	F	≤14	15-16	≥17		
Norfloxacin	NOR	≤12	13-16	≥17		
Penicillin	Р	≤26	27-46	≥47		
Piperacillin - Tazobactam	TZP	≤17	18-20	≥21		
Spectinomycin	SH	≤14	15-17	≥18		

Table 3.0 Antibiotics and zone of diameters

Streptomycin	S	≤11	12-14	≥15
Sulfisoxazole	SFX	≤12	13-16	≥17
Tetracycline	ТЕ	≤11	12-14	≥15
Tigecycline	TGC	≤15	16-23	≥24
Trimethoprim	W	≤10	11-15	≥16
Trimethoprim-	SXT		11-15	
Sulfamethoxazole		≤10		≥16

# 3.8.1 Protocol used in AST (Antibiotic Susceptibility Testing)

The following steps were followed in performing the Kirby Bauer disc diffusion method

- Muller Hinton agar plates were prepared under the manufacturer's instructions and incubated at 37°C for 18-24 hours to see any contamination 5 ml of sterile normal saline was taken in a sterilized 5 ml glass tube
- 2-5 isolated colonies were picked with help of a sterile cotton swab, inoculated in the tube containing normal saline, and mixed well.
- The turbidity of the tubes was adjusted and made equal to 0.5 McFarland standard solution.
- Then a new sterile swab was dipped and pushed against the wall of the tubes to remove the extra solution.
- The dipped swab was used to make lawn on Muller Hinton agar plates. This all process was completed within 15 minutes.
- Followed by antibiotic discs were placed with the help of sterilized forceps
- On Muller Hinton agar plates the antibiotic discs were placed 24 mm apart from each other
- Then MHA Plates were incubated at 37°C for 24 hours.
- After the above incubation time, zones were measured with the help of a scale, and readings were recorded.

# **3.9 Molecular Characterization**

Biochemical and morphological identification was followed by more advanced and authentic

molecular identification techniques. However, DNA extraction was the initial step for most molecular identification and characterization techniques. The methods followed were previously described by (Potter *et al.*, 2018b).

## **3.9.1 Culture Preparation**

Poultry isolates were identified as *E. coli* by MALDI-TOF, and biochemical techniques were refreshed on blood agar plates by streaking and were incubated at 37°C for 18-24 hours in aerobic conditions.

## **3.9.2 DNA Extraction**

Genomic DNA extraction was done by using a bacteremia DNA isolation Kit (Qiagen, Germantown, MD).

CB1: Suspending Buffer CB2: DNA digestion solution CB3: DNA Digestion powder CB4: DNA capture Buffer CB5: DNA elution Buffer

Protocol

- Sterile wooden swaps were used to pick isolated colonies from blood agar plates and were transferred to a 2 ml collection tube. And were then centrifuged at 13,000 x g for 2 minutes. The supernatant of each tube was decanted.
- Added 450 µL of prewarmed (55°C) of CB1 solution to the pellet and resuspended by pipetting. Lysates were transferred to the 2 mL microbead tubes. Vortexed for 10 seconds and then placed in a 70°C heat block for 15 minutes.
- Microbead tubes were again vortexed for 10 minutes (secure to vortexer with tape). After vortex, microbead tubes were centrifuged at 10,000 x g for 1 minute and the supernatants were transferred to new 2 mL collection tubes.
- Added 100 µL of CB2 solution in each tube, were mixed by vortex and then incubated at room temperature for 5 minutes followed by centrifugation at 10,000 x g for 1 minute. The supernatant of every tube was transferred to new collection tubes.
- Added 1 mL of CB3 solution into the supernatant was vortexed to mix and centrifuged briefly to collect any liquid from the top of the lid.

Loaded 600  $\mu$ L of lysate onto each spin filter and centrifuged at 10,000 x g for 1 minute to bind. Flowthrough was discarded and placed the Spin Filters back into the same 2 mL collection tubes. That step was repeated twice more until all the lysates were loaded onto the spin filters.

- Spin Filter was transferred to a new 2 mL collection tubes and washed by adding 500 µL CB4 solution to each column. Centrifuged at 10,000 x g for 1 minute. Discarded the flow-through and placed the columns back in the same collection tubes.
- The washing step was repeated with another 500 uL Solution CB4 and spin at 10,000 x g for 1 minute. Again, discarded the flow-through and placed the columns back in the same collection tubes.
  - To dry out the columns, the 2 ml tubes were centrifuged at 13,000 x g for 2 minutes.
- Spin Filters of each tube were transferred to a new collection tube and eluted by adding F50 uL of CB5 solution directly to the center of the columns. Incubated at room temperature for up to 5 minutes to maximize the elution efficiency. Centrifuged at 10,000 x g for 1 minute. Caped the 2 mL collection tubes containing the genomic DNA and Stored at -20°C in the freezer.

# 3.9.3 Preparation of Sequencing Libraries using the NextEra DNA Library Prep Kit

In preparation of the NextEra library, 0.5ng of genomic DNA was used as input for constructing NextEra Illumina sequencing libraries (Illumina, San Diego, CA) protocol followed in the previous study (Baym *et al.*, 2015a, Adey & Shendure, 2012).

## 3.10.1 Reagents

- Ethanol (80%)
- Nuclease free water
- Resuspension buffer (10 mM Tris-Cl, mM EDTA, 0.05% Tween 20, pH8.0)
- Agencourt Magnetic beads

# 3.9.3.1 Preparation

The following settings were set on a thermocycler (Bio-Rad)

- Preheated block at 55°C for 15 min
- Incubated samples at 55°C for min
- 4°C for forever

**Note:** The above parameter setting was used for a thermocycler. As the blocking temperature reached 55°C, the sample plate was placed in a thermocycler and pressed the skip button followed by a pressed (ok) button to incubate the samples for 15 min. After 15 min, the run was canceled, and the plate was taken out and placed on the ice.

- The magnetic bead was brought out onto the working bench, as 30 min earlier before used.
- Tag-mentation DNA buffer (TD) was Thaw on ice.
- TD Enzyme was taken out from -20 just before use, was kept on an ice bag and the leftover was immediately returned to the freezer.

# 3.9.3 Procedure

3.9.3.1 DNA sample preparation

For library preparation, the DNA was diluted up to the final concentration of 0.5 ng/  $\mu L$  in nuclease-free water.

# **3.9.4.2 Precautions**

- Nuclease-free water was used as a diluent.
- We had diluted DNA just before use to avoid any degradation
- As the possible smaller volume of pipetting was avoided

# 3.9.4.3 Tag Mentation

- Both TD and TDE1 were thaw on ice.
- Arrayed diluted genomic DNA,0.5 ng/µl in a 96- well plate
- Preheated Bio-Rad thermocycler to 55°C
- Tag mentation master mix was prepared

Component	µl per rxn	µl in the mix (100X)
TD Buffer	1,25	125
TDE1 Enzyme	0.125	12.5
Nuclease Free Water	0.125	12.5
Genomic DNA	1	

# Table 3.1 Reagents quantified for PCR reaction

- Distributed 1.5 µL TMM into 96-well plate by using the electronic repeat pipette. The first dispense was wasted to avoid air bubble
- Transferred 1  $\mu$ L of genomic DNA to all wells containing TMM solution by using a multichannel pipette.
  - Sealed 96-well plate and spin to bring all solution down
  - Incubated plate in Bio-Rad thermocycler for 15 min at 55°C (using above instruction)
  - During this period index plate was thawed at room temperature. Once thawed, the plate

was spinning to bring all solutions down.

• Index Plate was cooled down on the ice before proceeding to adapter addition.

Note. In tag mentation steps, the 96-well plate was placed on ice before and after incubation at 55°C

## 3.9.4.4 Adapter Addition

- Indexing primers aliquoted were mixed at 5  $\mu$ M and in 10 $\mu$ l aliquots.
- Added 11.2 µl KAPA HiFi PCR master mix into each well, by using 100 µl electronic pipette
- Then Distributed 8.8 μl of primer in each well-having DNA, mixed well by using a multichannel pipette up and down 10x
- Followed by spinning the sealed plate After spinning the plate was placed in a thermocycler and the following program was run on the machine
  - 1. 72°C for 3 min
  - 2. 98°C for 5 min
  - 3.  $63^{\circ}$ C for 30 secs
  - 4. 72°C for 30 sec
  - 5. Step 3-
  - 5 repeated 13x (total 14 cycles)
  - 6. 72°C for 5 min
  - 7. 7. 4°C forever

## 3.9.4.5 PCR Clean Up

a) Reagent preparation

- AMPure XP beads were brought on the working bench, resuspended thoroughly. In parallel, the resuspension buffer from the NextEra Kit was thawed.
- However, we can also use 10mM Tris-Cl + 1mM EDTA+ 0.05% Tween-20 (pH 8.0) instead of resuspension buffer as in (Baym *et al.*, 2015).
  - Fresh 80% of ethanol was prepared
  - The plate was centrifuged as a post PCR process. b) Binding
  - $\bullet$  Added 22.5  $\mu L$  of beads to each well and mixed thoroughly by pipetting.
  - Incubated the plate for 5 minutes
- After incubation, the plate was placed on a magnetic stand for 2 minutes to separate beads
- The supernatant was removed and discarded from the plate, but the beads were not disturbed c) Washing
- Washed 2x (two times) the plate with 200 µl of 80% ethanol with a gap of 30 seconds, as beads were not disturbed in washing steps
- Followed by the complete removal of ethanol the plate could air dry for 15 minutes at room temperature
  - d) Recovery
- The plate was removed from the magnetic stand. Added 60  $\mu$ L of resuspension buffer and pipette up and down 10-15x to mixed (avoided bubble formation at this step)
  - The plate was incubated at room temperature for 5 minutes
- The plate was again placed on a magnetic stand, allowed the liquid to be clarified for 2 minutes
  - $\bullet$  Transferred 57  $\mu L$  to new 96 well plate

Note: At this point, the plates were sealed and stored at -20°C till sequencing.

DNA quantification using Qubit Fluorometer

- PCR tubes (0.5 ml) were labeled for standards and samples.
  - 1. The assay required
  - a) BR dsDNA kit was selected for our DNA quantification b) DNA samples and 2 standards

- Qubit working solution was made by diluting the Qubit dsDNA BR reagent 1200 in Qubit ds DNA BR buffer. And for this clean plastic tube was selected
  - Loaded 190 µl of Qubit working solution into each standards tube
- Followed by added 10 µl Qubit standards to the appropriate tubes (standard 1 & standard 2 were mixed by vortexing for 3-4 seconds)
  - Qubit working solution of 198 µl was added into individual assay tubes
- To gain the final volume of 200  $\mu$ l, 2  $\mu$ l samples were added into appropriate assay tubes
  - All tubes were incubated at room temperature for 2-3 minutes
- After selecting the Quant-IT dsDNA BR on the home screen of the Qubit 2.0 fluorometer, the GO button was pushed
  - Then on the Standard screen, "new calibration option was chosen"
- Standard #1 was inserted in the machine, the lid was closed, and pressed the go option (each read will take 3 seconds)
- Standard #1 was removed, inserted standard # 2 and pressed the repeat option to read the samples, standard # 2 was removed, and inserted the next sample "selected The sample option" and the "Go" option was pressed, the process was repeated until all samples were done (Mandal *et al.*, 2016).

## 3.10 Illumina Whole Genome Sequencing

Frozen stocks of *E. coli* isolates were plated onto blood agar using four-quadrant streaking and ~10colonies from the fourth quadrant were used as input for the Bacteraemia genomic DNA extraction kit (Qiagen, Germantown, MD, USA). 0.5 ng of genomic DNA per isolate was used to create sequencing libraries with the NextEra Kit (Illumina, San Diego, CA, USA) (Baym *et al.*, 2015b). The libraries were pooled together at equimolar concentrations and sequenced on a NextSeq 500 to obtain 25X-183X coverage of each genome with  $2 \times 150$  bp reads. The reads were demultiplexed by barcode and Illumina adaptors and contaminating sequences were removed with Trimmomatic v.38 (Bolger *et al.*, 2014) and Deconseq v.4.3 (Schmieder & Edwards, 2011), respectively. The processed reads were used to construct de-novo assemblies of each genome with SPAdes v3.13.0 (Bankevich *et al.*, 2012). The assembly metrics of the *scaffolds.fasta* files were assessed with QUAST v4.5 (Gurevich *et al.*, 2013) and open reading frames identified with Prokka v1.12 (Seemann, 2014). 92 genomes with acceptable coverage were chosen for downstream genomic and phenotypic analysis.

#### 3.11 Antibiotic Resistance Gene Identification Visualization

The coding region of the assembler sequences was identified by using prokka version 1.12. (Seemann; 2014). Resfinder was used to study the resistance genes in the annotated assembly. Subsequently, version 4.0 was loaded on the local cluster. Aminoglycoside, Colistin, Fosfomycin, Glycopeptide, Nitroimidazole, Oxazolidinone, Quinolone, Rifampicin, Tetracycline, Beta-lactam, fusidic acid, Macrolide, Phenicol, Sulphonamide and Trimethoprim (Clausen *et al.*, 2016).

#### **3.12 In Silico Analysis**

To obtain phylogroup information for each *E. coli* genome, we used 11 *E. coli* genome publicly, available (Figure 2.0). The publicly available genomes were gathered from known *E. coli* phylogroups and identified open reading frames using Prokka (Hutton *et al.*, 2018, Schreiber *et al.*, 2017). The *.gff* files from Prokka for the phylogroup reference strains and the genomes sequenced in this study were used as input for Roary v3.12.0 to construct a core-genome alignment of the F coregenes (Core genome of 2,755 was used because that is the number of genes roary identified in the core genome) with PRANK v1.0 (Page *et al.*, 2015, Loytynoja, 2014).

The core-genome alignment file was converted into an approximate maximum likelihood tree with FastTree v2.1.10 and the resulting Newick file was uploaded to iToL (https://itol.embl.de/) (Price *et al.*, 2010, Letunic & Bork, 2007). In parallel, we identified *in silico* antibiotic resistance determinants for acquired antimicrobial genes using ResFinder v4.0 and for *E. coli* single nucleotide polymorphisms with PointFinder v4.0 (Kleinheinz *et al.*, 2014, Zankari *et al.*, 2017). Additionally, we identified known virulence genes with VirulenceFinder v1.5 (Kleinheinz *et al.*, 2014). Hypergeometric tests were used to determine the significant enrichment of isolate groups within phylogenetic clades or dendrogram clusters, with Bonferroni correction for multiple hypothesis testing.

#### 3.13 Conjugation Assay

The reference Recipient strain of *E. coli* J53 strains is sodium azide resistant strains. It is *Escherichia coli* K-12 is modified to j53, and finally transferred to J53 by spontaneous mutations. The J53 is a 4.5 Mb long genome, and 50.8 mol% GC content. It contains 4,484 genes (Yi *et al.*, 2012). The *E. coli* J53 is resistant to azide because of mutation in the *secA* gene (Oliver *et al.*, 1990). We did a conjugation experiment to determine the *mcr1* positive isolates (EC\_79) and could confirm the transfer of the *mcr1* gene to wild-type *E. coli* J53 as previously described (Potter

*et al.*, 2018a). The presence of the *mcr1* gene on the plasmid was already confirmed by Illumina Whole-genome sequencing.

# **3.13.1 Protocol for Conjugation Assay**

- Tryptic soya broth was prepared according to the manufacturer's instructions (Sigma Aldrich, St Louis, MO, USA).
- Both donor (*E. coli* 79) and recipient (*E. coli*) strains were separately suspended in TS broth
  The strains were diluted to 0.005 OD600. After dilution, 100 μl of donor strain (*E. coli* 79) was suspended in the 100 μl of recipient strains (11 ratios) and diluted up to 5000 μl with TS broth

Now the Co-cultures were incubated at 37°C for 24 hours

On the next day 50  $\mu$ l of co-cultures were suspended on agar plats (MacConkey agar) contained sodium azide and colistin (5mg/ml)

- The liquid co-culture was spread with glass beads on agar plates and was incubated at 37°C for 18-24 hours
  - However, individual trans-conjugants colonies were suspended in TS broth supplemented with colistin (5mg/ml) and were incubated at 37°C on a shaker of 220 rpm (Potter *et al.*, 2018a).

# 3.14 PCR Optimization for Molecular Detection of mcr-1 Gene

For molecular confirmation of conjugation assay, PCR conditions were optimized to amplify the *mcr1* gene in both E-79 and J53 strains. The gene was also amplified in E-07, E-25, E-50, and E98. For this purpose, a known pair of primer of 200 bp of the Forward 5'-AAATCAGCCAAACCTATCCC -3' and reverse primer 5'- CGTATCATAGACCGT GCCAT -3'. (Table 3.1), previously described (Zhang *et al.*, 2017).

PCR Reaction components	Stock concentration	Final	Volume per
		concentrations	Reaction
PCR Master Mix	2X	1X	12.5 µl
Forward Primers Each	100 pmol/µl	2 pmol/µl	$0.5 \ \mu l \ge 9 = 4.5 \ \mu l$
Reverse Primers Each	100 pmol/µl	2 pmol/µl	$0.5 \ \mu l \ge 9 = 4.5 \ \mu l$
Nuclease Free Water	-	-	1.5 µl
Template DNA	-	-	2 µl
Total PCR volume			25 µl

# Table 3.1: Scheme for a total volume of PCR reaction for mcr1 gene amplification

Mplification of the desired amplicons bands, the PCR program was set as the first denaturation of DNA for (5 minutes at 95°C). Then, 32 cycles each consisting (30 seconds at 95°C) to carry out denaturation. Primer annealing was done at 55°C and extension at 72°C. Followed by extension for 10 minutes at 72°C and 4°C forever. The optimization temperature was recorded at 55°C for the *mcr1* gene.

### 3.14.1 Gel Electrophoresis

Agarose gels are prepared using a w/v percentage solution. Therefore, 1 % agarose was dissolved in 100ml of TAE buffers (40 mM Tris-acetate, 1 mM EDTA). The mixture of agarose/buffer was then melted in the microwave. After completely dissolved the agarose in the buffer, at a concentration of 0.5  $\mu$ g/ml, ethidium bromide was added. The solution was cooled in a 65°C water bath. The gel tray was taped and pour the molten gel was into the gel tray. Moreover, wells were created by comb. At last, the comb has removed the gel was placed in the gel box (Lee *et al.*, 2012).

PCR product was analyzed by gel electrophoresis. Then 2-5µl of the reaction product was combined with the loading dye for this. For this 2-5µl of the reaction product and 2-5µl of loading dye (Thermo scientific) was loaded into each well. In the first well, a DNA marker (Biolabs 100bp ladder) was also loaded. The gel was then run for 50 minutes of 90V in a 1X TBE buffer BIO-RAD gel electrophoresis tank. After the defined time, the gel was observed under an ultraviolet transilluminator to visualize bands. Photograph of PCR bands was saved in the BIO-RAD gel documentation system (Bintvihok *et al.*, 2016).

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## 4.0 Results

## 4.1 Sample collection

In the total of five hundred and eleven (n=511) bacterial samples, two hundred and sixty-five (n=265) of *E. coli* were collected through the surveillance system of NRLPD. However, out of which twenty-five (n=25) were collected from Baluchistan, one hundred and twelve from Islamabad (n=112), Twenty-eight from Khyber-Pakhtunkhwa (n=28), Eighty-eight from Punjab (n=88), and Twelve of the *E. coli* from Sindh (n=12). Furthermore, out of 265 *E. coli* isolates, 225 were isolated from commercial and 40 isolates from backyard poultry (Table 1).

## 4.2 Gram staining and biochemical analysis

On selective media, dark convex and small size colonies with a green metallic sheen appeared on EMB (eosin methylene blue) (Figure 4.1a). While flat, pink colonies with a surrounding darker pink area were seen on MA (MacConkey Agar) (Figure 4.1b). Further, the isolated samples were observed under the microscope after differential staining (Gram staining). In addition, another biochemical analysis was done through the catalase test, where a rapid bubble was observed after the addition of few drops of hydrogen peroxide on the inoculum. The identification codes (ID) of API20E (Analytical profile index) and motility tests using the hanging drop method also given further biochemical identification (Appendix1).

а







Figure-1 Colonies of E. coli growth on EMB (a) and MA (b).

S. No	Bacterial ID	Area/regions	Isolation	Type of samples	Isolates sequenced
1	15N-0006	Punjab	E. coli	Liver	Nil
2	15N-0061	КРК	E. coli	Liver	Nil
3	15N-0091	Punjab	E. coli	Liver	Nil
4	15N-0107	Islamabad	E. coli	Liver	Nil
5	15N-0107	Islamabad	E. coli	Liver	Nil
6	15N-0113	Islamabad	E. coli	Liver	Nil
7	15N-0229-3	Punjab	E. coli	Liver	Nil
8	15N-0230-1	Punjab	E. coli	Liver	Nil
9	15N-0230-2	Punjab	E. coli	Liver	Nil
10	15N-0264	Islamabad	E. coli	Liver	Nil
11	15N-0365-A	Islamabad	E. coli	Liver	Nil
12	15N-0365-B	Islamabad	E. coli	Liver	Nil
13	15N-0648	Sindh	E. coli	Liver	Nil
14	15N-0687-1	Islamabad	E. coli	Liver	Nil
15	15N-0744	Islamabad	E. coli	Liver	Nil
16	15N-0755	Islamabad	E. coli	Liver	Nil
17	15N-0758	Punjab	E. coli	Liver	Nil
18	15N-0763	Islamabad	E. coli	Liver	Nil
19	15N-0764	Islamabad	E. coli	Liver	Nil
20	15N-0765	Islamabad	E. coli	Liver	Nil
21	15N-0884	Punjab	E. coli	Liver	Nil
22	15N-0969	Sindh	E. coli	Liver	Nil
23	15N-1051	Islamabad	E. coli	Liver	Nil
24	15N-1097	Punjab	E. coli	Liver	Nil
25	15N-1098	Punjab	E. coli	Liver	Nil
26	15N-1100	Punjab	E. coli	Liver	Nil

27	15N-1132	Islamabad	E. coli	Liver	Nil
28	15N-1133	Islamabad	E. coli	Liver	Nil
29	15N-1134	Islamabad	E. coli	Liver	Nil
30	15N-1135	Islamabad	E. coli	Liver	Nil
31	15N-1136	Punjab	E. coli	Liver	Nil
32	15N-1137	Punjab	E. coli	Liver	Nil
33	15N-1138	Punjab	E. coli	Liver	Nil
34	15N-1156	Punjab	E. coli	Liver	Nil
35	15N-1162	Islamabad	E. coli	Liver	Nil
36	15N-1163	Punjab	E. coli	Liver	Nil
37	15N-1189	Islamabad	E. coli	Liver	Nil
38	15N-1441	Punjab	E. coli	Liver	Nil
39	15N-1444	Islamabad	E. coli	Liver	Nil
40	15N-1446-1	КРК	E. coli	Liver	Nil
41	15N-1446-2	КРК	E. coli	Liver	Nil
42	15N-1448	Punjab	E. coli	Liver	Nil
43	15N-1499	Punjab	E. coli	Liver	Nil
44	15N-1558	Punjab	E. coli	Liver	Nil
45	15N-1559	Islamabad	E. coli	Liver	Nil
46	15N-1656	Islamabad	E. coli	Liver	Nil
47	15N-1657	Punjab	E. coli	Liver	Nil
48	15N-1659	Islamabad	E. coli	Liver	Nil
49	15N-1661	Islamabad	E. coli	Liver	Nil
50	15N-1664	Quetta	E. coli	Liver	Nil
51	15N-1665	Quetta	E. coli	Liver	Nil
52	15N-1674	Quetta	E. coli	Liver	Nil
53	15N-1675	Quetta	E. coli	Liver	Nil
54	15N-1677	Punjab	E. coli	Liver	Nil
55	15N-1678	Punjab	E. coli	Liver	Nil
56	15N-1687	Quetta	E. coli	Liver	Nil
57	15N-1693	Quetta	E. coli	Liver	Nil
58	15N-1791	Sindh	E. coli	Liver	Ec-54
59	15N-1808	Peshawar	E. coli	Liver	Ec-101
60	15N-1818	Peshawar	E. coli	Liver	Ec-102
61	15N-1819	Islamabad	E. coli	Liver	Nil

62	15N-1832	Islamabad	E. coli	Liver	Nil
63	15N-1852	Punjab	E. coli	Liver	Nil
64	15N-1872	Quetta	E. coli	Liver	Nil
65	15N-1874	Islamabad	E. coli	Liver	Nil
66	15N-1877	Punjab	E. coli	Liver	Nil
67	15N-1904-1	Punjab	E. coli	Liver	Nil
68	15N-1904-2	Punjab	E. coli	Spleen	Nil
69	15N-1905	Islamabad	E. coli	Spleen	Nil
70	15N-1911	Islamabad	E. coli	Liver	Nil
71	15N-1923	Punjab	E. coli	Liver	Nil
72	15N-1924	Punjab	E. coli	Liver	Ec-100
73	15N-1942-1	KPK	E. coli	Liver	Nil
74	15N-1945	Islamabad	E. coli	Liver	Nil
75	15N-1946	Islamabad	E. coli	Liver	Nil
76	15N-1948	Islamabad	E. coli	Liver	Nil
77	15N-1950	Sindh	E. coli	Liver	Nil
78	15N-1951	Islamabad	E. coli	Liver	Nil
79	15N-1952	Islamabad	E. coli	Liver	Nil
80	15N-1953	Islamabad	E. coli	Liver	Nil
81	15N-1954	Islamabad	E. coli	Liver	Nil
82	15N-1956	Islamabad	E. coli	Liver	Nil
83	15N-1958	Islamabad	E. coli	Liver	Nil
84	15N-1960	Islamabad	E. coli	Liver	Nil
85	15N-1961	Islamabad	E. coli	Liver	Nil
86	15N-1965	Islamabad	E. coli	Liver	Nil
87	15N-1967-3	Islamabad	E. coli	Liver	Nil
88	15N-1985	KPK	E. coli	Liver	Nil
89	16N-0057	Punjab	E. coli	Liver	Nil
90	16N-0058	Punjab	E. coli	Liver	Nil
91	16N-0079	Islamabad	E. coli	Liver	Nil
92	16N-0105	Punjab	E. coli	Liver	Ec-21
93	16N-0188	Islamabad	E. coli	Liver	Ec-88
94	16N-0189	Punjab	E. coli	Liver	Ec-52
95	16N-0195	Punjab	E. coli	Liver	Ec-43
96	16N-0229	Punjab	E. coli	Liver	Ec-28
97	16N-0230	Peshawar	E. coli	Liver	Nil
98	16N-0231	Islamabad	E. coli	Liver	Ec-56
99	16N-0238	Islamabad	E. coli	Liver	Nil
100	16N-0243	Islamabad	E. coli	Liver	Nil
101	16N-0259	Islamabad	E. coli	Liver	Nil
102	16N-0263	Islamabad	E. coli	Liver	Ec-57

103	16N-0266	Islamabad	E. coli	Liver	Nil
104	16N-0295	Islamabad	E. coli	Liver	Ec-19
105	16N-0331	Islamabad	E. coli	Liver	Ec-44
106	16N-0403	Punjab	E. coli	Liver	Ec-22
107	16N-0412	Punjab	E. coli	Liver	Nil
108	16N-0469	Islamabad	E. coli	Liver	Nil
109	16N-0471	КРК	E. coli	Liver	Nil
110	16N-0491	Islamabad	E. coli	Liver	Nil
111	16N-0512-1	Islamabad	E. coli	Liver	Nil
112	16N-0549	Islamabad	E. coli	Liver	Nil
113	16N-0562	Punjab	E. coli	Liver	Nil
114	16N-0569	Islamabad	E. coli	Liver	Nil
115	16N-0572	Punjab	E. coli	Liver	Ec-55
116	16N-0583	Islamabad	E. coli	Liver	Nil
117	16N-0584	Punjab	E. coli	Liver	Nil
118	16N-0650	Islamabad	E. coli	Liver	Ec-108
119	16N-0650	Islamabad	E. coli	Liver	Nil
120	16N-0677	Islamabad	E. coli	Liver	Nil
121	16N-0679	Islamabad	E. coli	Liver	Nil
122	16N-0683	Islamabad	E. coli	Liver	Ec-60
123	16N-0685	Punjab	E. coli	Liver	Ec-32
124	16N-0695	Islamabad	E. coli	Liver	Ec-9
125	16N-0696	Punjab	E. coli	Liver	Ec-93
126	16N-0697	Islamabad	E. coli	Liver	Ec-1
127	16N-0698	Punjab	E. coli	Liver	Ec-46
128	16N-0703	Quetta	E. coli	Liver	Nil
129	16N-0705	Quetta	E. coli	Liver	Ec-45
130	16N-0706	Quetta	E. coli	Liver	Ec-23
131	16N-0707	Quetta	E. coli	Liver	Nil
132	16N-0709-A	Quetta	E. coli	Liver	Ec-33 A
133	16N-0709-B	Quetta	E. coli	Liver	Ec-33 B
134	16N-0711	Quetta	E. coli	Liver	Nil
135	16N-0712	Quetta	E. coli	Liver	Nil
136	16N-0713-B	Peshawar	E. coli	Liver	Ec-49
137	16N-0713-A	Quetta	E. coli	Liver	Ec-48 A
138	16N-0714	Quetta	E. coli	Liver	Ec-47
139	16N-0715	Quetta	E. coli	Liver	Nil
140	16N-0717	Quetta	E. coli	Liver	Ec-53
141	16N-0801	Islamabad	E. coli	Liver	Nil
142	16N-0813	Quetta	E. coli	Liver	Ec-24
143	16N-0814	Quetta	E. coli	Liver	Ec-25

144	16N-0815	Quetta	E. coli	Liver	Ec-59
145	16N-0819	Quetta	E. coli	Liver	Ec-61
146	16N-0820	Quetta	E. coli	Liver	Ec-27
147	16N-0821	Quetta	E. coli	Liver	Ec-26
148	16N-0832	КРК	E. coli	Liver	Nil
149	16N-0833-1	Islamabad	E. coli	Liver	Nil
150	16N-0833-2	Islamabad	E. coli	Liver	Nil
151	16N-0834	Islamabad	E. coli	Liver	Nil
152	16N-0835	Islamabad	E. coli	Liver	Nil
153	16N-0836	Islamabad	E. coli	Liver	Ec-62
154	16N-0837	Islamabad	E. coli	Liver	Nil
155	16N-0840-1	Islamabad	E. coli	Liver	Nil
156	16N-0840-2	Islamabad	E. coli	Liver	Ec-30
157	16N-0843	Punjab	E. coli	Liver	Ec-50
158	16N-0844-1	Punjab	E. coli	Liver	Nil
159	16N-0844-2	Punjab	E. coli	Liver	Ec-51
160	16N-0847-2	Punjab	E. coli	Liver	Nil
161	16N-0847-3	Punjab	E. coli	Liver	Ec-63
162	16N-0847-4	Punjab	E. coli	Liver	Ec-92
163	16N-0848	Punjab	E. coli	Liver	Ec-29
164	16N-0900	KPK	E. coli	Liver	Ec-96
165	16N-0901	KPK	E. coli	Liver	Ec-99
166	16N-0902	KPK	E. coli	Liver	Ec-72
167	16N-0903	KPK	E. coli	Liver	Nil
168	16N-0904	Punjab	E. coli	Liver	Ec-79
169	16N-0905-1	Punjab	E. coli	Liver	Ec-75
170	16N-0907	Islamabad	E. coli	Liver	Nil
171	16N-0909	Islamabad	E. coli	Liver	Nil
172	16N-0911-1	Punjab	E. coli	Liver	Nil
173	16N-0911-2	Islamabad	E. coli	Liver	Nil
174	16N-0915	Punjab	E. coli	Liver	Ec-64
175	16N-0917	Islamabad	E. coli	Liver	Nil
176	16N-0918	Islamabad	E. coli	Liver	Ec-84
177	16N-0921	Islamabad	E. coli	Liver	Ec-39
178	16N-0922	Islamabad	E. coli	Liver	Nil
179	16N-0924	КРК	E. coli	Liver	Ec-104
180	16N-0937-1	Punjab	E. coli	Liver	Ec-97
181	16N-0937-2	Punjab	E. coli	Liver	Nil
182	16N-0956-1	Islamabad	E. coli	Liver	Nil
183	16N-0956-2	Islamabad	E. coli	Liver	Nil
184	16N-0968	Punjab	E. coli	Liver	Ec-66

185	16N-0972	Islamabad	E. coli	Liver	Ec-87
186	16N-0973	Islamabad	E. coli	Liver	Ec-76
187	16N-0995-A	Islamabad	E. coli	Liver	Ec-94
188	16N-0995-B	Islamabad	E. coli	Liver	Ec-95
189	16N-0997	Punjab	E. coli	Liver	Ec-65
190	16N-0999	Islamabad	E. coli	Liver	Ec-90
191	16N-1003	Islamabad	E. coli	Liver	Ec-67
192	16N-1007	Islamabad	E. coli	Liver	Ec-10
193	16N-1012	КРК	E. coli	Liver	Nil
194	16N-1026	КРК	E. coli	Liver	Ec-77
195	16N-1038	КРК	E. coli	Liver	Ec-3
196	16N-1039	КРК	E. coli	Liver	Ec-71
197	16N-1043	Islamabad	E. coli	Liver	Nil
198	16N-1052	КРК	E. coli	Liver	Ec-89
199	16N-1062	Islamabad	E. coli	Liver	Ec-78
200	16N-1067	Islamabad	E. coli	Liver	Ec-73
201	16N-1068	КРК	E. coli	Liver	Nil
202	16N-1070	Islamabad	E. coli	Liver	Ec-70
203	16N-1073-1	Punjab	E. coli	Liver	Ec-86
204	16N-1073-2	Punjab	E. coli	Liver	Nil
205	16N-1074	КРК	E. coli	Liver	Ec-82
206	16N-1076	Islamabad	E. coli	Liver	Nil
207	16N-1078	Punjab	E. coli	Liver	Ec-98
208	16N-1081	Punjab	E. coli	Liver	Ec-83
209	16N-1082	Punjab	E. coli	Liver	Ec-85
210	16N-1083	Punjab	E. coli	Liver	Ec-80
211	16N-1086	Sindh	E. coli	Liver	Ec-69
212	16N-1099	Islamabad	E. coli	Liver	Ec-88
213	16N-1124-1	Sindh	E. coli	Liver	Ec-91
214	16N-1124-2	Sindh	E. coli	Liver	Ec-74
215	16N-1130-1	Punjab	E. coli	Liver	Ec-38
216	16N-1130-2	Punjab	E. coli	Liver	Ec-8
217	16N-1130-3	Punjab	E. coli	Liver	Ec-15
218	16N-1131-1	Islamabad	E. coli	Liver	Ec-31
219	16N-1131-2	Islamabad	E. coli	Liver	Ec-17
220	16N-1138-1	Punjab	E. coli	Liver	Ec-4
221	16N-1138-2	Punjab	E. coli	Liver	Ec-14
222	16N-1138-3 A	Punjab	E. coli	Liver	Ec-35 A
223	16N-1138-3 B	Punjab	E. coli	Liver	Ec-35 B
224	16N-1138-4	Punjab	E. coli	Liver	Ec-16
225	16N-1138-5	KPK	E. coli	Liver	Ec-5

226	16N-1139-A	Sindh	E. coli	Liver	Ec-34 A
227	16N-1139-B	Sindh	E. coli	Liver	Ec-34 1
228	16N-1140-1	Sindh	E. coli	Liver	Ec-2
229	16N-1140-2	Sindh	E. coli	Liver	Ec-20
230	17N-0002	Punjab	E. coli	Liver	Ec-36
231	17N-0049	KPK	E. coli	Liver	Ec-42
232	17N-0056	Punjab	E. coli	Liver	Ec-6
233	17N-0057	Punjab	E. coli	Liver	Ec-13
234	17N-0065	Punjab	E. coli	Liver	Ec-38
235	17N-0069	Islamabad	E. coli	Liver	Nil
236	17N-0070	Punjab	E. coli	Liver	Ec-7
237	17N-0071-1	Punjab	E. coli	Liver	Nil
238	17N-0071-2	Punjab	E. coli	Liver	Nil
239	17N-0076	Punjab	E. coli	Liver	Ec-18
240	17N-0077	Punjab	E. coli	Liver	Nil
241	17N-0078	Punjab	E. coli	Liver	Nil
242	17N-0081	Punjab	E. coli	Liver	Ec-12
243	17N-0083	Islamabad	E. coli	Liver	Nil
244	17N-0084	Islamabad	E. coli	Liver	Nil
245	17N-0085	Punjab	E. coli	Liver	Nil
246	17N-0105	Islamabad	E. coli	Liver	Ec-103
247	17N-0110	Sindh	E. coli	Liver	Ec-41
248	17N-0117	Punjab	E. coli	Liver	Ec-40
249	17N-0121	Islamabad	E. coli	Liver	Nil
250	17N-0177	Islamabad	E. coli	Liver	Nil
251	17N-0189	Islamabad	E. coli	Liver	Nil
252	17N-0190	Islamabad	E. coli	Liver	Nil
253	17N-0201	Punjab	E. coli	Liver	Nil
254	17N-0224	Punjab	E. coli	Liver	Ec-11
255	17N-0230	Punjab	E. coli	Liver	Nil
256	17N-0257	Islamabad	E. coli	Liver	Nil
257	17N-0258	Islamabad	E. coli	Liver	Nil
258	17N-0259-1	Islamabad	E. coli	Liver	Ec-37
259	17N-0272	Punjab	E. coli	Liver	Nil
260	17N-0291	Islamabad	E. coli	Liver	Nil
261	17N-0294-2	Punjab	E. coli	Liver	Nil
262	17N-0294-3	Punjab	E. coli	Liver	Nil
263	17N-0312	KPK	E. coli	Liver	Nil
264	17N-0313	Islamabad	E. coli	Liver	Nil
265	17N-0330	Islamabad	E. coli	Liver	Nil

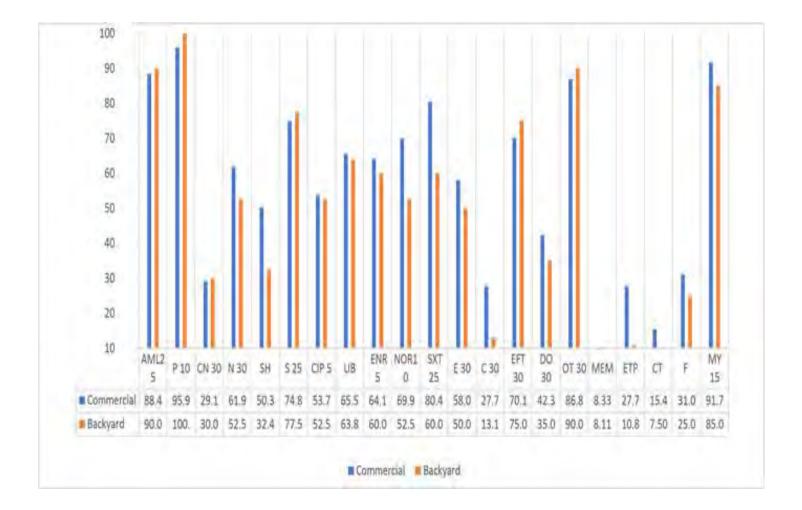
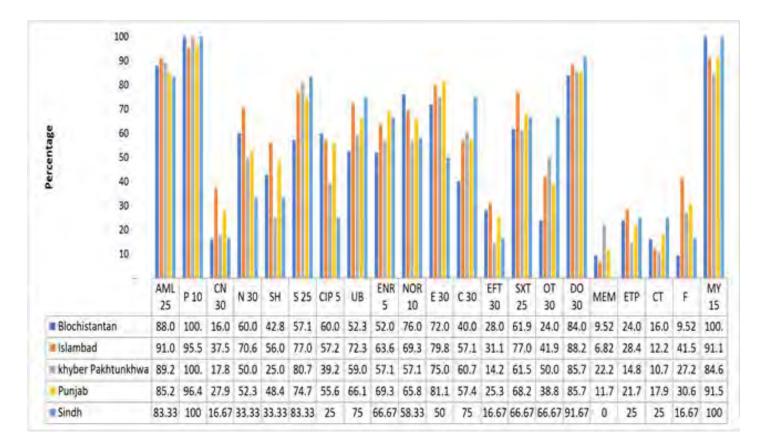


Figure 4.2 Antibiotic-resistant patterns of E. coli isolates from commercial (blue) and backyard (red) poultry, each antibiotic is written in percentage on the x-axis. Amp25 amoxicillin, p10 penicillin, cn30 gentamycin, n30 neomycin, spectinomycin, streptomycin, s25 cip5 ciprofloxacin, ub30 flumequine, enr5 enrofloxacin, nor10 norfloxacin, sxt25 sulfamethoxazoletrimethoprim, e30 erythromycin, c30 chloramphenicol, eft30 ceftiofur, do30 doxycycline, ot30 oxytetracycline, mem10 meropenem, etp10 ertapenem, ct10 colistin sulfate, f300 nitrofurantoin, my15 lincomycin.



**Figure 4.3** Prevalence of antibiotic resistance data among *E coli* isolates from Baluchistan, Islamabad, Khyber Pakhtunkhwa, Punjab, and Sindh. Amp25 amoxicillin, p10 penicillin, cn30 gentamycin, n30 neomycin, sh spectinomycin, s25 streptomycin, cip5 ciprofloxacin, ub flumequine, enr5 enrofloxacin, nor10 norfloxacin, sxt25 sulfamethoxazole-trimethoprim, e30 erythromycin, c30 chloramphenicol, eft30 ceftiofur, do30 doxycycline, ot30 oxytetracycline, mem meropenem, etp ertapenem, colistin sulfate, f300nitrofurantoin, my15 lincomycin.

## 4.3 Data Availability

All genomes sequenced in this study have been uploaded to the NCBI WGS database associated with Bio Project PRJNA522294.

## 4.4 E. coli Revealed from Glycerol were Sequenced through WGS

*E. coli* samples frozen in 50% glycerol and PBS solution were transferred in fully sterile dry ice packing to Gautam lab Washington University St. Louis America. In which 92 of the *E. coli* strains were revived from glycerol stock after plating on blood agar. *E. coli* that was used for whole-genome sequencing and phenotypic analysis, are isolated 41.3% (38/92) from Punjab and 26% (24/92) from Islamabad. While the remaining isolates were originated from Khyber Pakhtunkhwa, 14% (13/92), Baluchistan, 12% (11/92), and Sindh, 7% (7/92) respectively (Figure 4.4).

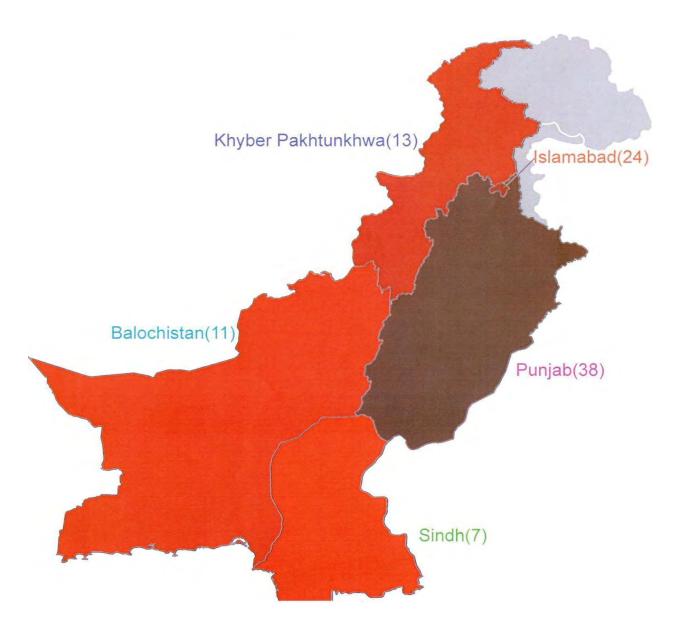


Figure 4.4: *E. coli* cohort originated from 5 regions in Pakistan Map depicting the five regions of Pakistan from where sampling of *E. coli* (from the chicken liver) was carried. The number of isolates showed adjacent to the provinces, and colors correspond to isolate from each region.

#### 4.5 Antibiotic Profiling of the Isolated E. coli

To assess the effect of ARG burden on phenotypic antibiotic resistance, we performed antimicrobial susceptibility testing using the Kirby-Bauer Disk Diffusion method. Moreover, the Clinical Laboratory and Standards Institute (CLSI) interpretative criteria from the M100 (Edition 29) and VET01 (Edition 5) for Enterobacteriaceae on a variety of antibiotics relevant for human and veterinary use (Magiorakos et al., 2012). Using the definition of multidrug-resistant (MDR) as non-susceptibility to at least one agent in three or more antimicrobial classes, and extensively drug-resistant (XDR) as susceptibility to at least one agent in only one or two classes assayed, we found that 82/92 are MDR but only 1/92 are XDR (Figure 4.5) (Magiorakos et al., 2012). Consistent with the presence of mdf (A) in all the genomes, all isolates were resistant to the lincosamide antibiotic lincomycin.

We identified 3 tet ARGs (76 isolates), and the quinolone resistance gene qnrS1 (13 isolates). PointFinder identified amino acid changes in GyrA (D87G 4/92 isolates, D87N 44/92 isolates, D87Y 3/92 isolates, and S83L 53/92 isolates), ParC (E84A 1/92isolates, S80I 51/92 isolates, S80R 3/92 isolates), ParE (I464F 2/92isolates), and PmrB (V161G 1/92 isolates). Hierarchal clustering on the phenotypic resistant data (using 1 for resistant, 0 for intermediate, and -1 for susceptible) with a cluster cut off just below the second node of the dendrogram resulted in seven clusters (k = 7) (Figure 4.5). While there was almost universal resistance to streptomycin, ampicillin, lincomycin, and oxytetracycline across all clusters, the first cluster (from left to right) was characterized by susceptibility to quinolones and was enriched for B2 isolates (p < 0.01); this result reflects the B2 clustering observed when the isolates were clustered on ARG (antibiotic resistance gene) presence, and the ARGs detected in these isolates reflect the observed phenotypic resistance profiles (Figure 4.5). Isolates in the third cluster were almost entirely resistant to the quinolones tested and were enriched for B1 isolates (p < 0.01); all isolates in the fourth cluster were additionally resistant to chloramphenicol and trimethoprim-sulfamethoxazole and were enriched for A isolates (p < 0.05); finally, the sixth cluster was characterized by an additional resistance to some Blactams and was dominated by B1 isolates, though this phylogroup was not found to be significantly enriched in this phenotypic cluster.

Isolates 79 and 98 were found to be resistant to colistin; both contained mcr-1. The one isolates

With an SNP in *pmrB* (Isolate 55) was not found to be phenotypically resistant to colistin. Meropenem, imipenem, cefotetan, piperacillin-tazobactam, tigecycline, fosfomycin, and amikacin also had 100% efficacy against the cohort (Figure 4.5).

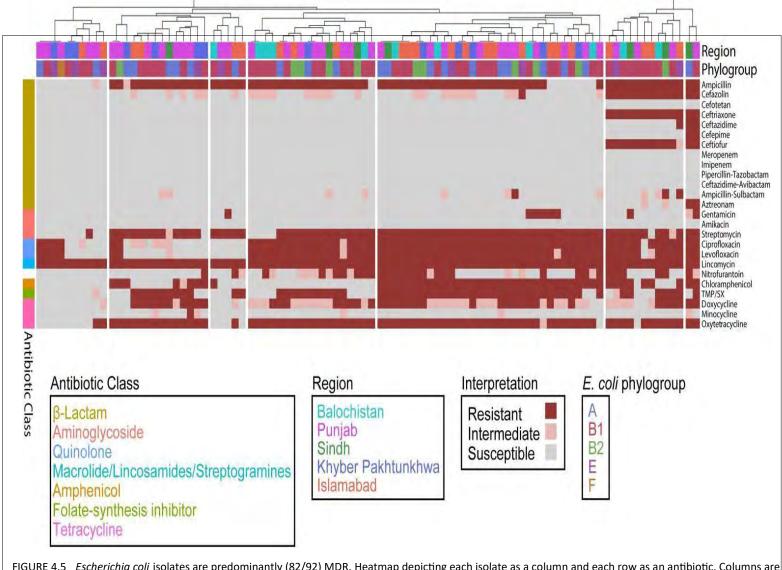


FIGURE 4.5 *Escherichia coli* isolates are predominantly (82/92) MDR. Heatmap depicting each isolate as a column and each row as an antibiotic. Columns are hierarchically clustered by Euclidian distance. Region and phylogroup are portrayed as metadata.

<i>E. coli</i> strains	Antibiotics (Phenotypic resistance)	Resistant Gene(genotypic)	<i>E. coli</i> strains	Antibiotics (Phenotypic resistance)	Resistant (Genotypic)
EC-2	Trimethoprim resistance	dfr <sub>A17</sub>	EC-4	Sulphonamide resistance	sul3
EC-2	Aminoglycoside resistance	aph(6)-1d	EC-4	Aminoglycoside resistance	aph(3')-Ia
EC-2	Aminoglycoside resistance	$aad_{A5}$	EC-4	Tetracycline resistance	tet(A)
EC-2	Sulphonamide resistance	sull	EC-4	Beta-lactam resistance	blactx-м-15
EC-2	Tetracycline resistance	tet(B)	EC-4	Aminoglycoside resistance	aadA1
EC-2	Beta-lactam resistance	blатем-ів	EC-4	Beta-lactam resistance	blaтем-ів
EC-2	Aminoglycoside resistance	aph(3'')-Ib	EC-4	Aminoglycoside resistance	aadA2
EC-2	Phenicol resistance	catA1	EC-4	Phenicol resistance	cmlA1
EC-2	Sulphonamide resistance	sul2	EC-4	Aminoglycoside resistance	strA
EC-5	Tetracycline resistance	tet(A)	EC-4	Aminoglycoside resistance	aph(6)-Id
EC-5	Beta-lactam resistance	blaстх-м-15	EC-6	Quinolone resistance	QnrS1
EC-5	Phenicol resistance	floR	EC-6	Phenicol resistance	cmlA1
EC-5	Quinolone resistance	QnrS1	EC-6	Phenicol resistance	floR
EC-7	Aminoglycoside resistance	aadA1	EC-6	Sulphonamide resistance	sul3
EC-7	Aminoglycoside resistance	aph(6)-Id	EC-6	Aminoglycoside resistance	aph(3')-Ia
EC-7	Colistin resistance	mcr-1	EC-6	Aminoglycoside resistance	aadA1

Table 4.2: Phenotypic and Genotypic resistance (Gene) in sequenced E. coli strains

EC-7	Trimethoprim resistance	dfrA1	EC-6	Aminoglycoside resistance	aadA2
EC-7	Tetracycline resistance	tet(A)	EC-6	Aminoglycoside resistance	aph(6)-Id
EC-7	Sulphonamide resistance	sul1	EC-6	Tetracycline resistance	tet(A)
EC-7	Sulphonamide	sul2	EC-6	Tetracycline	tet(M)
EC-7	Quinolone resistance	QnrS1	EC-6	Beta-lactam resistance	blатем-1в
EC-7	Beta-lactam resistance	bla <i>стх-м-</i> 15	EC-6	Sulphonamide resistance	sul2
EC-8	Aminoglycoside resistance	aph(6)-Id	EC-6	Trimethoprim resistance	dfrA15
EC-8	Aminoglycoside resistance	aph(3'')-Ib	EC-9	Phenicol resistance	catA1
EC-8	Beta-lactam resistance	blacтх-м-1	EC-9	Tetracycline resistance	tet(A)
EC-8	Tetracycline resistance	tet(A)	EC-9	Sulphonamide resistance	sull
EC-8	Sulphonamide resistance	sul2	EC-9	Trimethoprim resistance	dfrA12
EC-8	Phenicol resistance	floR	EC-9	Sulphonamide resistance	sul2
EC-10	Aminoglycoside resistance	aph(3')-Ia	EC-9	Aminoglycoside resistance	aph(3")-Ib
EC-10	Trimethoprim resistance	dfrA12	EC-9	Beta-lactam resistance	Ыатем-ів
EC-10	Aminoglycoside resistance	aph(6)-Id	EC-9	Aminoglycoside resistance	aph(6)-Id
EC-10	Aminoglycoside resistance	aadA2	EC-9	Aminoglycoside resistance	aadA2
EC-10	Aminoglycoside resistance	aph(3'')-Ib	EC-12	Beta-lactam resistance	blactx-M-15
EC-10	Colistin resistance	mcr-1	EC-12	Colistin resistance	mcr-1
EC-10	Tetracycline resistance	tet(A)	EC-13	Tetracycline resistance	tet(A)

EC-10	Beta-lactam resistance	blaтем-1В	EC-13	Sulphonamide resistance	sul2
EC-10	Sulphonamide resistance	sul2	EC-13	Aminoglycoside resistance	aph(3")-Ib
EC-10	Sulphonamide resistance	sul1	EC-13	Aminoglycoside resistance	aph(3')-Ia
EC-10	Sulphonamide resistance	sul2	EC-13	Beta-lactam resistance	blaтем-1в
EC-11	Aminoglycoside resistance	aph(6)-Id	EC-13	Aminoglycoside resistance	aph(6)-Id
EC-11	Quinolone resistance	QnrS1	EC-16	Lincosamide resistance	lnu(F)
EC-11	Trimethoprim	dfrA14	EC-16	Phenicol	cmlA1
EC-11	Tetracycline resistance	tet(A)	EC-16	Beta-lactam resistance	blaстх-м-15
EC-11	Aminoglycoside resistance	aph(3')-Ia	EC-16	Tetracycline resistance	tet(A)
EC-11	Aminoglycoside resistance	aac(3)-IIa	EC-16	Phenicol resistance	floR
EC-11	Beta-lactam resistance	bla <i>стх-м-</i> 15	EC-16	Sulphonamide resistance	sul3
EC-11	Aminoglycoside resistance	aph(3")-Ib	EC-16	Aminoglycoside resistance	aph(4)-Ia
EC-11	Beta-lactam resistance	blатем-1В	EC-16	Aminoglycoside resistance	aph(3')-Ia
EC-11	Phenicol resistance	floR	EC-16	Aminoglycoside resistance	aadA2
EC-17	Aminoglycoside resistance	aph(3'')-Ib	EC-16	Aminoglycoside resistance	aadA1
EC-17	Tetracycline resistance	tet(B)	EC-16	Aminoglycoside resistance	aph(6)-Id
EC-17	Aminoglycoside resistance	aph(6)-Id	EC-20	Aminoglycoside resistance	aph(3")-Ib
EC-17	Aminoglycoside resistance	aadA5	EC-20	Aminoglycoside resistance	aph(6)-Id
EC-17	Macrolide resistance	mph(A)	EC-20	Aminoglycoside resistance	aadA5
EC-17	Aminoglycoside resistance	aac(3)-IId	EC-20	Tetracycline resistance	tet(B)
EC-17	Beta-lactam resistance	blaтем-ів	EC-20	Beta-lactam resistance	blaтем-ів

EC-17	Phenicol resistance	catA1	EC-20	Phenicol resistance	catA1
EC-17	Sulphonamide resistance	sul2	EC-20	Sulphonamide resistance	sul2
EC-17	Sulphonamide resistance	sul1	EC-20	Sulphonamide resistance	sull
EC-17	Trimethoprim resistance	dfrA17	EC-20	Trimethoprim resistance	dfrA17
EC-21	Aminoglycoside resistance	aph(3'')-Ib	EC-23	Aminoglycoside resistance	aph(3")-Ib
EC-21	Aminoglycoside resistance	aph(3')-Ia	EC-23	Aminoglycoside resistance	aph(6)-Id
EC-21	Aminoglycoside resistance	aadA1	EC-23	Tetracycline resistance	tet(A)
EC-21	Aminoglycoside	aadA2	EC-23	Beta-lactam	blатем-1в
EC-21	Aminoglycoside resistance	aph(6)-Id	EC-23	Sulphonamide resistance	sul2
EC-21	Tetracycline resistance	tet(A)	EC-23	Trimethoprim resistance	dfrA14
EC-21	Phenicol resistance	floR	EC-24	Aminoglycoside resistance	aph(6)-Id
EC-21	Phenicol resistance	cmlA1	EC-24	Aminoglycoside resistance	aph(3'')-Ib
EC-21	Sulphonamide resistance	sul3	EC-24	Tetracycline resistance	tet(A)
EC-21	Sulphonamide resistance	sul2	EC-24	Beta-lactam resistance	blатем-1в
EC-21	Trimethoprim resistance	dfrA17	EC-24	Sulphonamide resistance	sul2
EC-22	Aminoglycoside resistance	aph(3")-Ib	EC-24	Trimethoprim resistance	dfrA14
EC-22	Aminoglycoside resistance	aph(6)-Id	EC-25	Aminoglycoside resistance	aph(3'')-Ib
EC-22	Aminoglycoside resistance	aadA1	EC-25	Aminoglycoside resistance	aph(6)-Id
EC-22	Beta-lactam resistance	blатем-1в	EC-25	Aminoglycoside resistance	aadA1
EC-22	Macrolide resistance	mph(B)	EC-25	Aminoglycoside resistance	aadA2
EC-22	Phenicol resistance	floR	EC-25	Colistin resistance	mcr-1

EC-22	Sulphonamide resistance	sul2	EC-25	Beta-lactam resistance	blaтем-ів
EC-22	Sulphonamide resistance	sul1	EC-25	Phenicol resistance	floR
EC-22	Trimethoprim resistance	dfrA1	EC-25	Phenicol resistance	cmlA1
EC-26	Aminoglycoside resistance	aph(3")-Ib	EC-25	Sulphonamide resistance	sul2
EC-26	Aminoglycoside resistance	aph(6)-Id	EC-25	Sulphonamide resistance	sul3
EC-26	Tetracycline resistance	tet(A)	EC-25	Trimethoprim resistance	dfrA12
EC-26	Beta-lactam resistance	blaтем-ів	EC-28	Tetracycline resistance	tet(A)
EC-26	Sulphonamide resistance	sul2	EC-28	Trimethoprim resistance	dfrA5
EC-26	Trimethoprim	dfrA14	EC-29	Aminoglycoside	aph(6)-Id
EC-27	Aminoglycoside resistance	strA	EC-29	Aminoglycoside resistance	strA
EC-27	Aminoglycoside resistance	aph(6)-Id	EC-29	Aminoglycoside resistance	aadA1
EC-27	Aminoglycoside resistance	aph(3')-Ia	EC-29	Aminoglycoside resistance	aadA2
EC-27	Aminoglycoside resistance	aadA1	EC-29	Tetracycline resistance	tet(M)
EC-27	Quinolone resistance	QnrS1	EC-29	Beta-lactam resistance	blaтем-ів
EC-27	Tetracycline resistance	tet(A)	EC-29	Phenicol resistance	cmlA1
EC-27	Beta-lactam resistance	blaтем-ів	EC-29	Sulphonamide resistance	sul3
EC-27	Phenicol resistance	floR	EC-30	Aminoglycoside resistance	strA
EC-27	Trimethoprim resistance	dfrA1	EC-30	Aminoglycoside resistance	aadA2
EC-31	Aminoglycoside resistance	aadA5	EC-30	Tetracycline resistance	tet(A)
EC-31	Aminoglycoside resistance	aph(3'')-Ib	EC-30	Beta-lactam resistance	blатем-1в
EC-31	Aminoglycoside resistance	aac(3)-IId	EC-30	Phenicol resistance	floR

EC-31	Aminoglycoside resistance	aph(6)-Id	EC-30	Sulphonamide resistance	sull
EC-31	Tetracycline resistance	tet(B)	EC-30	Trimethoprim resistance	dfrA12
EC-31	Beta-lactam resistance	blaтем-ів	EC-32	Tetracycline resistance	tet(A)
EC-31	Macrolide resistance	mph(A)	EC-32	Beta-lactam resistance	blaтем-1в
EC-31	Phenicol resistance	catA1	EC-37	Aminoglycoside resistance	aph(3')-Ia
EC-31	Sulphonamide resistance	sul2	EC-37	Aminoglycoside resistance	aadA2
EC-31	Sulphonamide resistance	sul1	EC-37	Aminoglycoside resistance	aph(6)-Id
EC-31	Trimethoprim resistance	dfrA17	EC-37	Tetracycline resistance	tet(A)
EC-38	Colistin resistance	mcr-1	EC-37	Beta-lactam resistance	blaтем-1в
EC-38	Phenicol	floR	EC-37	Phenicol	floR
EC-39	Aminoglycoside resistance	aph(3')-Ia	EC-37	Sulphonamide resistance	sul2
EC-39	Aminoglycoside resistance	aph(6)-Id	EC-37	Sulphonamide resistance	sull
EC-39	Aminoglycoside resistance	aph(3'')-Ib	EC-37	Trimethoprim resistance	dfrA12
EC-39	Tetracycline resistance	tet(B)	EC-42	Aminoglycoside resistance	aadA5
EC-39	Beta-lactam resistance	blaтем-ів	EC-42	Aminoglycoside resistance	aph(3")-Ib
EC-39	Sulphonamide resistance	sul2	EC-42	Aminoglycoside resistance	aph(6)-Id
EC-39	Trimethoprim resistance	dfrA17	EC-42	Tetracycline resistance	tet(B)
EC-43	Aminoglycoside resistance	aph(6)-Id	EC-42	Tetracycline resistance	tet(A)
EC-43	Aminoglycoside resistance	aph(3'')-Ib	EC-42	Beta-lactam resistance	blатем-1в
EC-43	Tetracycline resistance	tet(A)	EC-46	Aminoglycoside resistance	aph(6)-Id
EC-43	Beta-lactam resistance	blатем-ів	EC-46	Aminoglycoside resistance	aph(3'')-Ib

EC-43	Phenicol resistance	floR	EC-46	Quinolone resistance	QnrS1
EC-43	Trimethoprim resistance	dfrA14	EC-46	Beta-lactam resistance	blатем-1в
EC-44	Aminoglycoside resistance	aph(3")-Ib	EC-46	Sulphonamide resistance	sul2
EC-44	Aminoglycoside resistance	aadA2	EC-47	Aminoglycoside resistance	aph(6)-Id
EC-44	Aminoglycoside resistance	aph(6)-Id	EC-47	Aminoglycoside resistance	aph(3'')-Ib
EC-44	Aminoglycoside resistance	aac(3)-IId	EC-47	Tetracycline resistance	tet(A)
EC-44	Aminoglycoside resistance	aadA1	EC-47	Beta-lactam resistance	blатем-1в
EC-44	Aminoglycoside resistance	aadA5	EC-47	Sulphonamide resistance	sul2
EC-44	Colistin resistance	mcr-1	EC-47	Trimethoprim resistance	dfrA14
EC-44	Tetracycline resistance	tet(A)	EC-48	Quinolone resistance	QnrS1
EC-44	Beta-lactam	blactx-м-15	EC-48	Tetracycline	tet(A)
EC-44	Beta-lactam resistance	blaтем-ів	EC-49	Beta-lactam resistance	blaтем-1в
EC-44	Macrolide resistance	mph(A)	EC-49	Trimethoprim resistance	dfrA14
EC-44	Phenicol resistance	cmlA1	EC-49	Aminoglycoside resistance	aph(3'')-Ib
EC-44	Sulphonamide resistance	sul1	EC-49	Aminoglycoside resistance	aph(6)-Id
EC-44	Sulphonamide resistance	sul3	EC-49	Tetracycline resistance	tet(A)
EC-44	Trimethoprim resistance	dfrA17	EC-49	Beta-lactam resistance	blaтем-1в
EC-50	Aminoglycoside resistance	strA	EC-49	Sulphonamide resistance	sul2
EC-50	Aminoglycoside resistance	aph(4)-Ia	EC-49	Trimethoprim resistance	dfrA14
EC-50	Aminoglycoside resistance	aac(3)-IVa	EC-51	Aminoglycoside resistance	aph(3'')-Ib
EC-50	Aminoglycoside resistance	aadA2	EC-51	Aminoglycoside resistance	aph(6)-Id

EC-50	Aminoglycoside resistance	aph(6)-Id	EC-51	Aminoglycoside resistance	aadA2
EC-50	Aminoglycoside resistance	aadA1	EC-51	Aminoglycoside resistance	aadA1
EC-50	Colistin resistance	mcr-1	EC-51	Colistin resistance	mcr-1
EC-50	Tetracycline resistance	tet(A)	EC-51	Beta-lactam resistance	blaтем-1в
EC-50	Beta-lactam resistance	blатем-1в	EC-51	Phenicol resistance	cmlA1
EC-50	Phenicol resistance	cmlA1	EC-51	Phenicol resistance	floR
EC-50	Sulphonamide resistance	sul3	EC-51	Sulphonamide resistance	sul2
EC-50	Trimethoprim resistance	dfrA1	EC-51	Sulphonamide resistance	sul3
EC-52	Aminoglycoside resistance	aadA1	EC-51	Trimethoprim resistance	dfrA12
EC-52	Aminoglycoside resistance	aadA2	EC-54	Aminoglycoside resistance	aph(3')-Ia
EC-52	Tetracycline resistance	tet(A)	EC-54	Aminoglycoside resistance	aph(3")-Ib
EC-52	Beta-lactam	blatem-1в	EC-54	Aminoglycoside	aph(6)-Id
EC-52	Macrolide resistance	mph(A)	EC-54	Tetracycline resistance	tet(B)
EC-52	Phenicol resistance	cmlA1	EC-54	Beta-lactam resistance	blaтем-1в
EC-52	Sulphonamide resistance	sul3	EC-54	Sulphonamide resistance	sul2
EC-52	Sulphonamide resistance	sul I	EC-54	Trimethoprim resistance	dfrA17
EC-52	Trimethoprim resistance	dfrA12	EC-56	Aminoglycoside resistance	aph(3'')-Ib
EC-55	Aminoglycoside resistance	strA	EC-56	Aminoglycoside resistance	aph(6)-Id
EC-55	Aminoglycoside resistance	aadA2	EC-56	Beta-lactam resistance	blaтем-1в
EC-55	Aminoglycoside resistance	aacA4	EC-56	Sulphonamide resistance	sul2
EC-55	Aminoglycoside resistance	aph(6)-Id	EC-56	Trimethoprim resistance	dfrA14

EC-55	Aminoglycoside resistance	aph(3')-Ia	EC-57	Aminoglycoside resistance	aph(6)-Id
EC-55	Aaminoglycoside resistance	aac(6')Ib-cr	EC-57	Aminoglycoside resistance	aph(3")-Ib
EC-55	Tetracycline resistance	tet(B)	EC-57	Tetracycline resistance	tet(A)
EC-55	Beta-lactam resistance	blaтем-ів	EC-57	Beta-lactam resistance	blaтем-1А
EC-55	Beta-lactam resistance	blaсмү-2	EC-57	Phenicol resistance	floR
EC-55	Phenicol resistance	catA1	EC-57	Sulphonamide resistance	sul2
EC-55	Phenicol resistance	catB3	EC-57	Trimethoprim resistance	dfrA14
EC-55	Sulphonamide resistance	sul1	EC-58	Aminoglycoside resistance	aadA1
EC-55	Sulphonamide resistance	sul1	EC-58	Aminoglycoside resistance	aadA2
EC-55	Trimethoprim resistance	dfrA1	EC-58	Tetracycline resistance	tet(A)
EC-55	Trimethoprim resistance	dfrA10	EC-58	Beta-lactam resistance	blaтем-1в
EC-61	Aminoglycoside	aph(6)-Id	EC-58	Macrolide	mph(A)
EC-61	Aminoglycoside resistance	aph(3'')-Ib	EC-58	Phenicol resistance	cmlA1
EC-61	Tetracycline resistance	tet(A)	EC-58	Sulphonamide resistance	sul3
EC-61	Sulphonamide resistance	sul2	EC-58	Sulphonamide resistance	sul1
EC-62	Aminoglycoside resistance	aph(6)-Id	EC-58	Trimethoprim resistance	dfrA12
EC-62	Aminoglycoside resistance	aph(3'')-Ib	EC-59	Aminoglycoside resistance	aadA2
EC-62	Colistin resistance	mcr-1	EC-59	Aminoglycoside resistance	aph(6)-Id
EC-62	Tetracycline resistance	tet(A)	EC-59	Tetracycline resistance	tet(A)
EC-62	Beta-lactam resistance	blaтем-ів	EC-59	Beta-lactam resistance	blaтем-1в
EC-62	Phenicol resistance	floR	EC-59	Sulphonamide resistance	sul2

EC-62	Trimethoprim resistance	dfrA14	EC-59	Sulphonamide resistance	sull
EC-63	Tetracycline resistance	tet(A)	EC-59	Trimethoprim resistance	dfrA12
EC-63	Beta-lactam resistance	blaтем-ів	EC-64	Aminoglycoside resistance	aph(3')-Ia
EC-66	Aminoglycoside resistance	aph(3')-Ia	EC-64	Aminoglycoside resistance	aph(6)-Id
EC-66	Aminoglycoside resistance	aph(6)-Id	EC-64	Quinolone resistance	QnrS1
EC-66	Aminoglycoside resistance	strA	EC-64	Tetracycline resistance	tet(A)
EC-66	Tetracycline resistance	tet(A)	EC-64	Beta-lactam resistance	blaтем-1в
EC-66	Beta-lactam resistance	blaтем-ів	EC-64	Beta-lactam resistance	blactx-м-15
EC-67	Aminoglycoside resistance	aph(3')-Ia	EC-64	Phenicol resistance	floR
EC-67	Aminoglycoside resistance	aadA2	EC-64	Sulphonamide resistance	sul2
EC-67	Aminoglycoside resistance	aph(6)-Id	EC-65	Aminoglycoside resistance	aadA2
EC-67	Aminoglycoside resistance	aph(3")-Ib	EC-65	Aminoglycoside resistance	aph(3')-Ia
EC-67	Colistin	mcr-1	EC-65	Aminoglycoside	aph(6)-Id
EC-67	Tetracycline resistance	tet(A)	EC-65	Aminoglycoside resistance	strA
EC-67	Beta-lactam resistance	blaтем-ів	EC-65	Tetracycline resistance	tet(A)
EC-67	Sulphonamide resistance	sul1	EC-65	Beta-lactam resistance	blaстх-м-15
EC-67	Sulphonamide resistance	sul2	EC-65	Beta-lactam resistance	blатем-1в
EC-68	Aminoglycoside resistance	aph(3'')-Ib	EC-65	Sulphonamide resistance	sull
EC-68	Aminoglycoside resistance	aph(6)-Id	EC-65	Sulphonamide resistance	sul2
EC-68	Colistin resistance	mcr-1	EC-65	Trimethoprim resistance	dfrA12
EC-68	Tetracycline resistance	tet(A)	EC-73	Aminoglycoside resistance	strA

EC-71	Aminoglycoside resistance	aph(3'')-Ib	EC-73	Aminoglycoside resistance	aph(6)-Id
EC-71	Aminoglycoside resistance	aadA1	EC-73	Aminoglycoside resistance	aph(3')-Ia
EC-71	Tetracycline resistance	tet(A)	EC-73	Tetracycline resistance	tet(A)
EC-71	Beta-lactam resistance	blatem-1B	EC-73	Beta-lactam resistance	blaтем-1в
EC-71	Sulphonamide resistance	sul2	EC-73	Phenicol resistance	floR
EC-71	Trimethoprim resistance	dfrA1	EC-73	Sulphonamide resistance	sul2
EC-72	Aminoglycoside resistance	aph(3')-Ia	EC-74	Aminoglycoside resistance	aph(6)-Id
EC-72	Aminoglycoside resistance	aph(6)-Id	EC-74	Aminoglycoside resistance	aadA1
EC-72	Aminoglycoside resistance	aph(3")-Ib	EC-74	Aminoglycoside resistance	aadA2
EC-72	Tetracycline resistance	tet(B)	EC-74	Aminoglycoside resistance	aadA5
EC-72	Beta-lactam resistance	blaтем-ів	EC-74	Aminoglycoside resistance	aph(3")-Ib
EC-72	Macrolide resistance	mph(A)	EC-74	Tetracycline resistance	tet(A)
EC-72	Sulphonamide resistance	sul2	EC-74	Phenicol resistance	cmlA1
EC-72	Trimethoprim	dfrA14	EC-74	Phenicol	floR
EC-75	Aminoglycoside resistance	strA	EC-74	Sulphonamide resistance	sul2
EC-75	Aminoglycoside resistance	aph(6)-Id	EC-74	Sulphonamide resistance	sul3
EC-75	Aminoglycoside resistance	aadA2	EC-74	Trimethoprim resistance	dfrA17
EC-75	Aminoglycoside resistance	aadA1	EC-79	Aminoglycoside resistance	aph(3'')-Ib
EC-75	Quinolone resistance	QnrS1	EC-79	Aminoglycoside resistance	aph(6)-Id
EC-75	Tetracycline resistance	tet(A)	EC-79	Aminoglycoside resistance	aadA1
EC-75	Beta-lactam resistance	blaтем-1в	EC-79	Aminoglycoside resistance	aadA2

EC-75	Macrolide resistance	mef(B)	EC-79	Colistin resistance	mcr-1
EC-75	Phenicol resistance	cmlA1	EC-79	Tetracycline resistance	tet(A)
EC-75	Sulphonamide resistance	sul3	EC-79	Beta-lactam resistance	blaтем-1в
EC-75	Trimethoprim resistance	dfrA12	EC-79	Phenicol resistance	floR
EC-76	Aminoglycoside resistance	aph(3")-Ib	EC-79	Phenicol resistance	cmlA1
EC-76	Aminoglycoside resistance	aph(6)-Id	EC-79	Sulphonamide resistance	sul2
EC-76	Aminoglycoside resistance	aadA1	EC-79	Sulphonamide resistance	sul3
EC-76	Tetracycline resistance	tet(A)	EC-79	Trimethoprim resistance	dfrA12
EC-76	Beta-lactam resistance	blaтем-ів	EC-81	Tetracycline resistance	tet(A)
EC-76	Macrolide resistance	mph(B)	EC-81	Beta-lactam resistance	blaтем-1в
EC-76	Sulphonamide resistance	sul2	EC-82	Aminoglycoside resistance	aac(3)-IId
EC-76	Sulphonamide resistance	sul1	EC-82	Aminoglycoside resistance	aadA1
EC-76	Trimethoprim resistance	dfrA1	EC-82	Aminoglycoside resistance	aac(3)-VIa
EC-84	Aminoglycoside resistance	aph(6)-Id	EC-82	Beta-lactam resistance	blaтем-1в
EC-84	Aminoglycoside	aph(3")-Ib	EC-82	Sulphonamide	sull
EC-84	Tetracycline resistance	tet(A)	EC-83	Aminoglycoside resistance	aadA2
EC-84	Beta-lactam resistance	blatem-1B	EC-83	Aminoglycoside resistance	aph(6)-Id
EC-84	Phenicol resistance	floR	EC-83	Aminoglycoside resistance	strA
EC-84	Sulphonamide resistance	sul2	EC-83	Aminoglycoside resistance	aadA1
EC-84	Trimethoprim resistance	dfrA14	EC-83	Quinolone resistance	QnrS1

EC-85	Tetracycline resistance	tet(A)	EC-83	Tetracycline resistance	tet(A)
EC-88	Aminoglycoside resistance	aadA2	EC-83	Beta-lactam resistance	blaтем-ів
EC-88	Tetracycline resistance	tet(A)	EC-83	Phenicol resistance	cmlA1
EC-88	Beta-lactam resistance	blатем-1в	EC-83	Sulphonamide resistance	sul3
EC-88	Beta-lactam resistance	blactx-м-15	EC-83	Trimethoprim resistance	dfrA15
EC-88	Macrolide resistance	mph(A)	EC-83	Trimethoprim resistance	dfrA1
EC-88	Sulphonamide resistance	sul1	EC-89	Aminoglycoside resistance	aph(6)-Id
EC-88	Trimethoprim resistance	dfrA12	EC-89	Aminoglycoside resistance	strA
EC-91	Aminoglycoside resistance	aph(3'')-Ib	EC-90	Aminoglycoside resistance	aadA2
EC-91	Aminoglycoside resistance	aph(6)-Id	EC-90	Aminoglycoside resistance	aph(3')-Ia
EC-91	Tetracycline resistance	tet(A)	EC-90	Tetracycline resistance	tet(A)
EC-91	Beta-lactam resistance	blaтем-ів	EC-90	Beta-lactam resistance	blaстх-м-15
EC-91	Sulphonamide resistance	sul2	EC-90	Beta-lactam resistance	blaтем-1в
EC-92	Aminoglycoside resistance	aph(3')-Ia	EC-90	Sulphonamide resistance	sul2
EC-92	Aminoglycoside resistance	aph(6)-Id	EC-90	Sulphonamide resistance	sul1
EC-92	Aminoglycoside resistance	strA	EC-90	Trimethoprim resistance	dfrA12
EC-92	Tetracycline	tet(A)	EC-95	Aminoglycoside	aph(3')-Ia
EC-92	Beta-lactam resistance	blaтем-1В	EC-95	Aminoglycoside resistance	aph(6)-Id
EC-97	Aminoglycoside resistance	aph(3")-Ib	EC-95	Aminoglycoside resistance	strA
EC-97	Aminoglycoside resistance	aph(6)-Id	EC-95	Tetracycline resistance	tet(A)
EC-97	Tetracycline resistance	tet(A)	EC-95	Beta-lactam resistance	blатем-1в

EC-97	Phenicol resistance	floR	EC-96	Aminoglycoside resistance	aadA1
EC-97	Sulphonamide resistance	sul2	EC-96	Aminoglycoside resistance	aph(3')-Ia
EC-98	Aminoglycoside resistance	aph(6)-Id	EC-96	Tetracycline resistance	tet(A)
EC-98	Aminoglycoside resistance	aph(3")-Ib	EC-96	Beta-lactam resistance	blaтем-1в
EC-98	Colistin resistance	mcr-1	EC-96	Sulphonamide resistance	sull
EC-98	Tetracycline resistance	tet(A)	EC-96	Sulphonamide resistance	sul2
EC-98	Beta-lactam resistance	blaтем-ів	EC-96	Trimethoprim resistance	dfrA15
EC-98	Sulphonamide resistance	sul2	EC-100	Aminoglycoside resistance	aph(6)-Id
EC-98	Trimethoprim resistance	dfrA14	EC-100	Aminoglycoside resistance	aadA2
EC-102	Aminoglycoside resistance	aac(3)-VIa	EC-100	Aminoglycoside resistance	aph(3'')-Ib
EC-102	Aminoglycoside resistance	aadA2	EC-100	Tetracycline resistance	tet(A)
EC-102	Aminoglycoside resistance	aadA1	EC-100	Beta-lactam resistance	blaтем-1в
EC-102	Tetracycline resistance	tet(A)	EC-100	Phenicol resistance	floR
EC-102	Phenicol resistance	catA1	EC-100	Sulphonamide sul2	
EC-102	Phenicol resistance	catA2	EC-100	Sulphonamide resistance	sull
EC-102	Sulphonamide resistance	sul2	EC-100	Trimethoprim resistance	dfrA12
EC-102	Sulphonamide resistance	sul1	EC-101	Aminoglycoside resistance	aac(3)-VIa

EC-102	Trimethoprim	dfrA12	EC-101	Aminoglycoside	aadA2
EC-103	Aminoglycoside resistance	aph(3'')-Ib	EC-101	Aminoglycoside resistance	aadA1
EC-103	Aminoglycoside resistance	aph(3')-Ia	EC-101	Tetracycline resistance	tet(A)
EC-103	Aminoglycoside resistance	aadA2	EC-101	Phenicol resistance	catA1
EC-103	Aminoglycoside resistance	aph(6)-Id	EC-101	Phenicol resistance	catA2
EC-103	Aminoglycoside resistance	aadA1	EC-101	Sulphonamide resistance	sul2
EC-103	Tetracycline resistance	tet(A)	EC-101	Sulphonamide resistance	sull
EC-103	Phenicol resistance	floR	EC-101	Trimethoprim resistance	dfrA12
EC-103	Phenicol resistance	cmlA1	EC-33B	Quinolone resistance	QnrS1
EC-103	Sulphonamide resistance	sul2	EC-33B	Tetracycline resistance	tet(A)
EC-103	Trimethoprim resistance	dfrA17	EC-33B	Beta-lactam resistance	blaтем-1в
EC-104	Aminoglycoside resistance	aadA1	EC-33B	Trimethoprim resistance	dfrA14
EC-104	Aminoglycoside resistance	aph(6)-Id	EC-34A	Aminoglycoside resistance	aph(3")-Ib
EC-104	Aminoglycoside resistance	aph(3')-Ia	EC-34A	Aminoglycoside resistance	aph(6)-Ic
EC-104	Aminoglycoside resistance	aph(3'')-Ib	EC-34A	Aminoglycoside resistance	aph(3')-IIa
EC-104	Aminoglycoside resistance	aac(3)-VIa	EC-34A	Aminoglycoside resistance	aph(6)-Id
EC-104	Tetracycline resistance	tet(B)	EC-34A	Aminoglycoside resistance	aadA1
EC-104	Tetracycline resistance	tet(A)	EC-34A	Aminoglycoside resistance	aadA5
EC-104	Beta-lactam resistance	blaтем-ів	EC-34A	Aminoglycoside resistance	aadA2
EC-104	Macrolide resistance	mph(B)	EC-34A	Tetracycline resistance	tet(A)
EC-104	Sulphonamide resistance	sul2	EC-34A	Beta-lactam resistance	blacarb-2
EC-104	Sulphonamide resistance	sull	EC-34A	Phenicol resistance	catA1

EC-104	Trimethoprim	dfrA1	EC-34A	Phenicol	cmlA1
EC-104	Trimethoprim	dfrA	EC-34A	Phenicol	floR
EC-34 B	Aminoglycoside resistance	aph(3")-Ib	EC-34A	Sulphonamide resistance	sul1
EC-34 B	Aminoglycoside	aph(6)-Id	EC-34A	Sulphonamide	sul2
EC-34 B	Aminoglycoside	aadA1	EC-34A	Sulphonamide	sul3
EC-34 B	Aminoglycoside	aadA2	EC-34A	Trimethoprim	dfrA16
EC-34 B	Tetracycline	tet(A)	EC-34A	Trimethoprim	dfrA17
EC-34 B	Beta-lactam resistance	blaтем-ів	35 A	Aminoglycoside resistance	aph(3')-Ia
EC-34 B	Beta-lactam	blacarb-2	35 A	Aminoglycoside resistance	aph(6)-Id
EC-34 B	Phenicol resistance	cmlA1	35 A	Aminoglycoside resistance	strA
EC-34 B	Sulphonamide resistance	sul3	35 A	Aminoglycoside resistance	aadA1
EC-34 B	Trimethoprim resistance	dfrA16	35 A	Aminoglycoside resistance	aadA2
35 B	Aminoglycoside resistance	aph(3')-Ia	35 A	Tetracycline resistance	tet(A)
35 B	Aminoglycoside resistance	aph(6)-Id	35 A	Beta-lactam resistance	blaтем-1в
35 B	Aminoglycoside resistance	strA	35 A	Beta-lactam resistance	blactx-m-15
35 B	Aminoglycoside resistance	aadA1	35 A	Phenicol resistance	cmlA1
35 B	Aminoglycoside resistance	aadA2	35 A	Sulphonamide resistance	sul3
35 B	Tetracycline resistance	tet(A)	EC-36B	Aminoglycoside resistance	aadA1
35 B	Beta-lactam resistance	blaтем-1в	EC-36B	Aminoglycoside resistance	aph(6)-Id
35 B	Beta-lactam resistance	blaстх-м-15	EC-36B	Aminoglycoside resistance	aadA2
35 B	Phenicol resistance	cmlA1	EC-36B	Quinolone resistance	QnrS1
35 B	Sulphonamide resistance	sul3	EC-36B	Tetracycline resistance	tet(A)
EC-36B	Beta-lactam	blатем-1в	EC-36B	Macrolide	mef(B)
EC-36B	Phenicol resistance	cmlA1	EC-36B	Macrolide resistance	mef(B)

#### 4.6 Phylogenomic Analysis of Isolated Strains of E. coli

Phylogenetic reconstruction of the similarity between the *E. coli* within our cohort and with 11 known phylogroup strains or control strains as mentioned (Figure 4.6), but there is not a clear association between phylogroup and geographic region, although we noted isolates from Baluchistan fell exclusively in the B1 Clade (Figure 4.6 a). However, 53.2% (49/92) of the cohort are in the B1 clade. The rest of the isolates are in clade A (22/92), B2 (11/92), E (9/92), and F (1/92). The most abundant sequence types were ST155 (16/92) and ST117 (9/92) belong to clade B2 (Figure 4.6a). The ST131 type (EC-60) is isolated from Punjab and having the *blacTX-M1* gene. We applied Plasmid-Finder using the *Enterobacteriaceae* database on our *E. coli* cohort to identify known plasmid replicons (Figure 4.6D). 90/92 isolates had plasmid replicons identified, with a maximum of 7 in EC\_10, EC\_44, and EC\_67, and a median of 4. 26 different replicons were identified, among which members of the IncF plasmid replicon family were the most prevalent (12/26). IncFIB (AP001918) and IncFII were the most prevalent among the isolates with 65/92 and 41/92 identified within the cohort, respectively (Figure 4.6D).

To identify a genotypic basis for phenotypic antibiotic resistance, following Illumina Wholegenome sequencing, we applied ResFinder to identify acquired ARGs and PointFinder to locate relevant SNP resistance determinants. Consistent with previous reports on genomic analysis of *E. coli* isolates, we have identified a mosaic of antibiotic-resistant determinants and virulence genes within our cohort with no clear association between ARG composition, phylogroup, and region source, other than the identification of all isolates from Balochistan as members of the B1 phylogroup (p < 0.01, hypergeometric test) (Figure 4.6a). In total, we identified 49 unique ARGs (Figure 4.6b) and 5 previously validated antibiotic resistanceconferring SNPs (Zankari *et al.*, 2017).

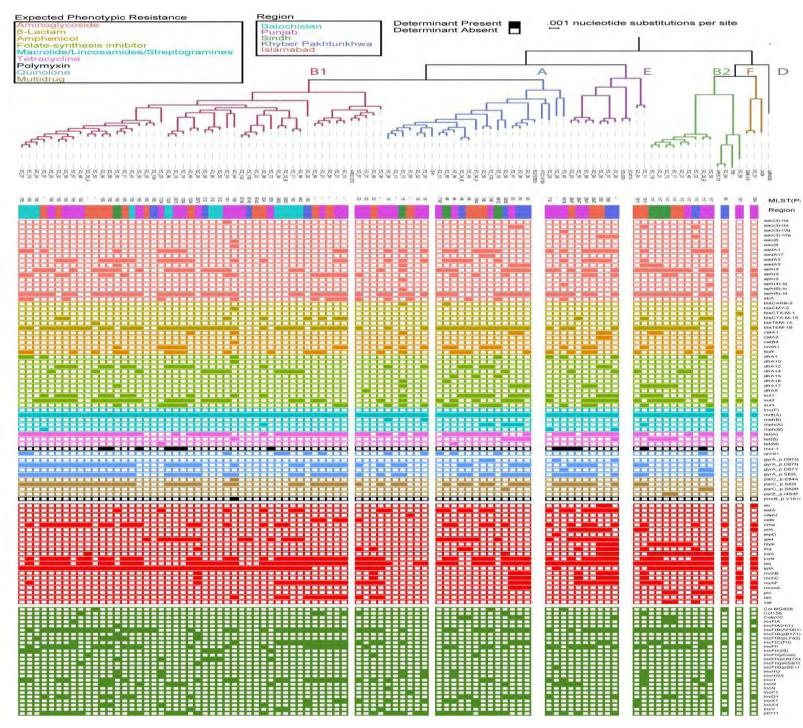


FIGURE 4.6 *Escherichia coli* genomes are predominantly in B1 and A phylogroup with a mosaic of antibiotic resistance determinants and virulence genes (A) Population structure of the *E. coli* cohort depicting the phylogroup, MLST, and region obtained. Presence absence of antibiotic resistance determinants (B) virulence genes (C), and plasmid replicons (D) were identified using ResFinder, PointFinder, VirulenceFinder, and PlasmidFinder on the cohort.

# 4.7 Comparative phylogenetic grouping *in E. coli* based upon virulence factor, ARG or SNP (Single Nucleotide Polymorphism)

The median number of ARGs per isolate was 7 and the median prevalence for each ARG was 8. Therefore, 17/49 of the ARGs are predicted to have activity against aminoglycosides, 11/49 against folate-synthesis inhibitors, 6/49 against  $\beta$ -lactamases, 5 against amphenicols, and 5 against lincosamides (Figure 4.7a). In addition, we identified 3 *tet* ARGs, the colistin resistance gene *mcr-1*, and the quinolone resistance gene *qnrS1*. The SNPs identified by PointFinder are D87G, D87N, D87Y, and S83L in *gyrA* as well as E84A, S80I, S80R, in *parC*, I464F in *parE*, and V161G in *pmrB*. (Figure 4.7c). The aminoglycoside ARGs include representatives of the *aac*, *aadA*, and *aph* families. No carbapenem resistance genes were identified within this *E. coli* cohort. The most prevalent  $\beta$ -lactamase was *blaTEM-1B* found in (66/92) isolates (Figure 4.7a)

The only non-class A  $\beta$ -lactamase present was *bla*<sub>CMY-2</sub>, which was found in a single isolate. The most conserved gene, *mdf*(*A*), was found in 92/92 of the *E. coli* isolates, indicating that it is a core gene within this cohort. 7/92 of the isolates had *mdf*(*A*) as the sole ARG. Despite this conservation, the other lincosamide ARGs, *Inu*(*F*) (1/92), *mef*(*B*) (2/92), *mph*(*A*) (7/92), and *mph*(*B*) (3/92) were at or below the median ARG prevalence. Alarmingly, 13/92 of the *E. coli* isolates contained the colistin ARG *mcr-1*. The prevalence of *mcr-1* was much higher than SNPs against colistin as only 1/92 isolates contained the V161G mutation in *pmrB*. When hierarchically clustered on ARG presence (k = 6), no segregation of isolates by region or phylogroup is observed, except for enrichment of B2 isolates (p < 0.01) in a cluster characterized by a high ARG load that includes *blaTEM-1B*, *tet*(*A*), and *mdf*(*A*), as do most of the isolates, but also *aadA2*, *aadA1*, *sul3*, and *cmlA1* (Figure 4.7a).

When hierarchically clustered on antibiotic resistance-conferring SNPs, the isolates are Segregated into two major clades, one with a preponderance of SNPs in *gyrA* and *parC*, and a clade of isolates most of which carry no SNPs (Figure 4.7c). B2 isolates are enriched in the latter clade (p < 0.001). We applied Virulence Finder on the sequenced *E. coli* cohort to annotate genes putatively involved in poultry infections (Figure 4.7b). 21 virulence genes were identified and the median number of virulence genes per isolate was 4. 2/92 of the isolates had no known virulence genes identified. Consistent with their previously identified roles in APEC virulence, the serum survival gene *iss* was found in 78.2% (72/92) of the isolates, the iron acquisition gene *iroN* was in 60.9%

(56/92) of the cohort, and the long polar fimbriae gene lpfA was in 59.8% (55/92) of the cohort. When hierarchically clustered on virulence gene presence (k = 5), we again observed no segregation of the isolates by geographic region (Figure 4.8b). However, the B2 and E isolates were each enriched in their clusters (p < 1E-9 and p < 0.01, respectively) characterized by different virulence gene profiles. While the larger B1 phylogroup was more distributed across the clusters, there was one cluster that was exclusively comprised of B1 isolates (p < 0.01). In conclusion, these data indicated that the phylogroups segregate better by virulence gene presence than antibiotic resistance gene presence; the lack of segregation by geographic region suggests that APEC strains are readily transmitted across Pakistan (Figure 4.7a).

The first cluster (from left to right) was characterized by susceptibility to b-lactams. There was widespread resistance to quinolones and the aminoglycoside streptomycin across all clusters, while the two rightmost clusters were characterized by additional resistance to the blactams cefazolin, ceftriaxone, and ceftiofur. There was no significant association between any cluster and any region or phylogroup, unlike the associations detected between clusters formed on genetic features and phylogroup (Figure 4.7).

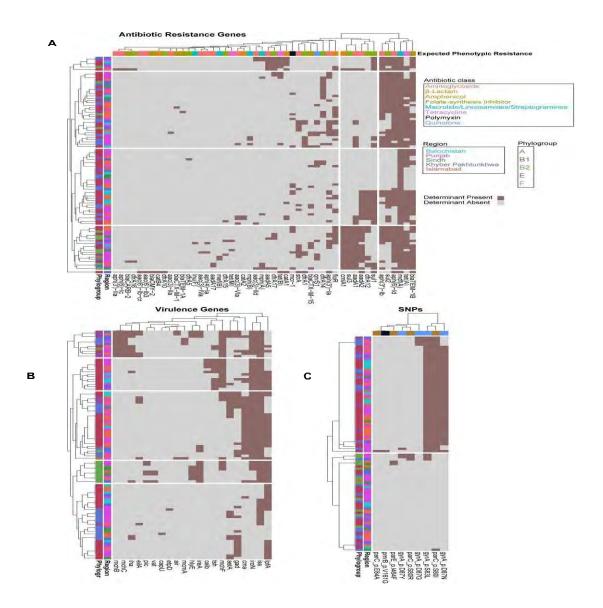


FIGURE 4.7 *Escherichia coli* phylogroups segregate better by virulence gene presence than ARG or SNP presence. Heatmaps depicting isolates as rows and (A), virulence genes (B), or SNPs (C) as columns. Rows and columns are hierarchically clustered by Euclidian distance. Region, phylogroup, or expected phen resistance conferred by ARGs are portrayed as metadata, as indicated.

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### 4.8 mcr-1 Gene was Confirmed in some of the Isolates

Given problems using disk diffusion testing for colistin resistance, we performed a broth minimum inhibitory concentration (MIC) assay using the ComASPTM colistin test on all mcr-1 positive isolate, the pmrB SNP isolate 55, quality control strain E. coli ATCC 25922, and the mcr-1 positive E. coli AR Bank #0350 from the CDC and FDA Antibiotic Resistance Isolate Bank (Table 1). All mcr-1 positive isolates had MIC values of 4 or 8 mg/mL but the pmrB SNP isolate 55 had an MIC of 0.25 mg/mL. This cohort demonstrated 100% in vitro susceptibility to meropenem, imipenem, cefotetan, piperacillin-tazobactam, and amikacin. We found a strong association between phenotypic resistance within the 3rd generation cephalosporin ceftriaxone and ceftiofur (R2 = 0.9004) and quinolones ciprofloxacin and norfloxacin (R2 = 0.8897) (Supplementary Figure S1). One isolate (EC 44) was discordant for the 3<sup>rd</sup> generation cephalosporins and tested as resistant to ceftriaxone but intermediate to the veterinary antibiotic ceftiofur and contained *bla<sub>CMY-2</sub>* and *bla<sub>TEM-</sub>* 1B. While there are not CLSI interpretative criteria for norfloxacin, one isolate (EC 72) without any identified quinolone resistance determinants tested as ciprofloxacin susceptible but had a comparatively low disk diffusion radius to norfloxacin.

The strain EC\_79 was selected for conjugation assay has confirmed the *mcr-1* gene. Thus, with EC\_79 strains 12 other *E. coli* strains including EC\_07, EC\_10, EC\_12, EC\_25, EC\_38, EC\_44, EC\_50, EC\_51, EC\_55, EC\_62, EC\_67, EC\_68, EC\_98, had also mcr-1 gene, confirmed through Resfinder, with 100% identity. The following strains Ec-10(not shown), Ec-12(ST7187), Ec-15(NC), Ec-18(?), Ec-25(ST2847), Ec-38(ST2852), Ec-41(NC), Ec44(ST156), Ec-50(ST746), Ec-51(ST354), Ec-62(ST10), Ec-67(ST155), Ec-68(ST2847), Ec79(ST155), Ec-07(ST155), Ec-98(ST224) have *mcr-1* gene (Table 4.2).

Bacterial ID	Resistance gene	Identity	Query/	Contigs	Position in contigs	Phenotype	Accession no
			HSP				
EC_10	mcr-1	100	1626/1626	NODE_47_length_20584_cov_65.554 445	66868311	Colistin	KP347127
EC_12	mcr-1	100	1626/1626	NODE_44_length_26809_cov_23.727 480	897710602	Colistin	KP347127
EC_15	mcr-1	100	1626/1415	NODE_35_length_10453_cov_6.0105 05	11415	Colistin	KY685071
EC_18	mcr-1	100	1626/1626	NODE_135_length_12667_cov_11.27 3709	20033628	Colistin	KP347127
EC_25	mcr-1	100	1626/1626	NODE_27_length_59130_cov_154.79 5116	904010665	Colistin	KP347127
EC_38	mcr-1	100	1626/1626	NODE_37_length_26368_cov_30.652 885	897810603	Colistin	KP347127
EC_41	mcr-1	100	1626/1626	NODE_81_length_12677_cov_20.841	904010665	Colistin	KP347127
EC_44	mcr-1	100	1626/1626	032 NODE_50_length_27614_cov_45.9	98621148733072	Colistin	KP347127

## Table 4.3: Summary of the prevalence of mcr-1 gene in E. coli strains

EC_50	mcr-1	100	1626/1626	NODE_39_length_26809_cov_37.896	1620817833	Colistin	KP347127
				790			
EC_51	mcr-1	100	1626/1626	NODE_44_length_26683_cov_43.849	897710602	Colistin	KP347127
				733			
EC_62	mcr-1	100	1626/1626	NODE_44_length_26756_cov_40.218	904010665	Colistin	KP347127
				486			
EC_67	mcr-1	100	1626/1626	NODE_43_length_20584_cov_54.644	66868311	Colistin	KP347127
				268			
EC_68	mcr-1	100	1626/1626	NODE_78_length_13789_cov_35.888	1011811743	Colistin	KP347127
				273			
EC_79	mcr-1	100	1626/1626	NODE_45_length_27097_cov_41.510	1643318058	Colistin	KP347127
				400			
EC_07	mcr-1	100	1626/1626	NODE_58_length_12574_cov_96.291	19113536	Colistin	KP347127
				430			
EC_91	mcr-1	100	1626/1626	NODE_79_length_13141_cov_16.244	19833608	Colistin	KP347127
				718			
EC_98	mcr-1	100	1626/1626	NODE_27_length_61122_cov_32.390	4853050155	Colistin	KP347127
				417			

## 4.9 Screening of pmcr\_IncI2 mcr-1 Bearing Plasmid in E. coli

The presence of *mcr-1* harboring plasmids was important for conjugation assay. As the *mcr-1* gene present on a plasmid can be transferred to the recipient strain. All our strains having *mcr-1* gene caring pmcr1\_ Incl2 plasmid was confirmed by using plasmid-finder on the NGS sequences (Table 4.3). The data of Incl2 plasmid showed that 100 of identity. Moreover, all the strains having *mcr-1* gene/Incl2 have similar accession numbers KP347127. Thus, the determination of the Incl2 plasmid has justified the transformation of the *mcr-1* gene through conjugation assay. Which was previously confirmed by (Zhang, 2017).

Bacterial ID	Plasmid	Identity	Query/ HSP	Contigs	Position in contigs	Accession no
25	IncI2	100	1626/1626	61122_cov_32.390417	2952029835	KP347127
50	IncI2	100	1626/1626	46464_cov_97.621273	2945629771	KP347127
79	IncI2	100	1626/1626	32122_cov_39.750819	2946829783	KP347127
7	IncI2	100	1626/1626	32110_cov_36.449224	2945629771	KP347127
98	IncI2	100	1626/1626	59130_cov_154.795116	2936029675	KP347127

Table 4.4: Summary data of pmcr1 Inc12 plasmid isolated in mcr-1 bearing E. coli

Isolates	Putative	resistant	Colistin MIC (µg/mL)
	determinant		
EC_07	mcr-1	8	
EC_10	mcr-1		4
EC_12	mcr-1		4
EC_25	mcr-1		4
EC_38	mcr-1		4
EC_44	mcr-1		8
EC_50	mcr-1		4
EC_51	mcr-1		4
EC_55	pmrB mutation		0.25
EC_62	mcr-1		4
EC_67	mcr-1		4
EC_68	mcr-1		4
EC_79	mcr-1		4
EC_98	mcr-1		8
<i>E. coli</i> ATCC 25922	none		0.5
E. coli AR Bank #0350	mcr-1	4	ļ

## 4.10 Conjugation Assay

The confirmed mcr-1 gene was transferred from strain EC\_79 to *E. coli* J53, via conjugation assay. EC\_79 isolate was used as donors, and *E. coli* J53 (resistant to sodium-azide) was used as the recipient strain respectively (Fig 4.10). Therefore, transfer of the mcr-1 bearing plasmid from EC\_79 to *E. coli* J53 was successful as observed on the mixed growth plate (having sodium azide and colistin), because the strain lacking the mcr-1 gene was unable to grow on colistin mixed media. In contrast, no growth was observed on the J53 control plate (Fig 4.10). Subsequently, plasmid mcr1\_Inc12 was confirmed in several of our strains by NGS data using Plasmid-finder (Table 4.3). Furthermore, the transfer of the mcr-1 gene via IncI2 plasmid was confirmed through PCR amplification in the J53 recipient (Fig 4.11). Similarly, the result also showed the mcr-1 gene likely located on a plasmid, not was chromosomally encoded in strain EC\_79 and was confirmed by PCR amplification (Figure 4.11).

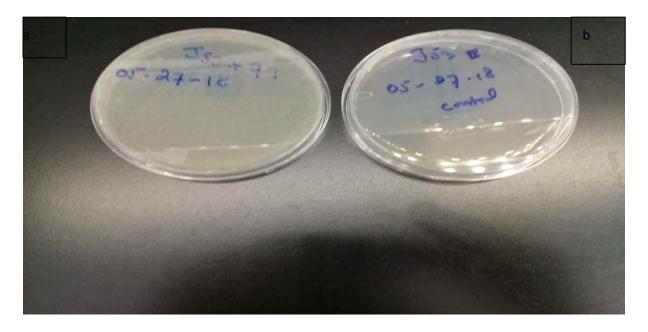


Figure 4.8 :(a) Mixed growth of j53 (recipient) and EC\_79 (Donor) *E. coli*. (b) While on the Other plate no growth was observed on J53 as control.

## 4.11 Statistical Analysis

Statistical analysis for the prevalence of antimicrobial resistance between commercial and backyard poultry and among different regions was carried out by using two-way Anvvoa. The test was implemented in graph pad prism software online (version 7.00). *P-values*  $\leq$  0.0001 among the commercial and backyard poultry resistance pattern, which is considered statistically significant (Appendix-3). Furthermore, the antibiotic resistance pattern isolates of *E. coli* from provinces (Baluchistan, Punjab, Sindh, Khyber Pakhtunkhwa, Sindh) and capital Islamabad were also the very significant difference of antibiotic resistance of having P -values  $\leq$  0.0001 (Appendix-4).

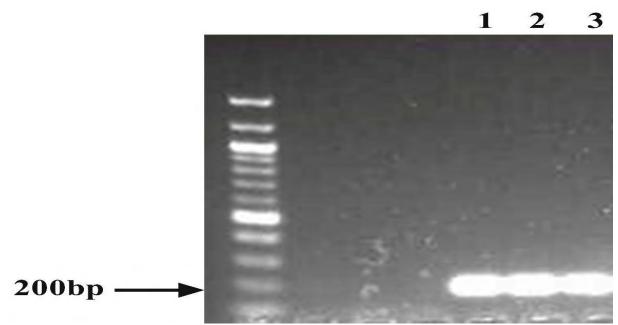


Figure 4.9: Gel Electrophoresis of *mcr-1* gene amplification (1) *mcr-1* positive control strain (2) EC\_79 donor strain and (3) the J53 recipient strain of *mcr-1* gene of 200bp

The Supplementary material for this thesis can be found online at: https://www.frontiersin.org/articles/10.3389/fmicb.2019.03052/full#sup plementary-materia

## **5.0 Discussion**

Escherichia coli is living as a commensal inhabitant in vertebrates and is frequently reported as a microbial contaminant in meat products. The NARMS (National Antimicrobial Resistance Monitoring System) has continually monitored antibiotic resistance in foodborne E. coli. NARMS, on the other hand, is a United States government initiative that began in 1996 and collaborated with the US Department of Agriculture (USDA), the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC). The NARMS, collect and provide data of antimicrobial susceptibility of the enteric organism isolated from both human and animal populations (Ginevan, 2002). Resistance was increased in both clinical and foodborne E. coli. (Davis et al., 2018b). Nevertheless, the highest antibiotics resistance was observed in livestock isolates than it did in clinical human isolates (Davis et al., 2018b, Tadesse et al., 2012). Therefore, the overuse of antibiotics in food-producing animals may have a significant threat and global health issue, which can be the source of producing MDR bacteria either capable of causing human diseases or transforming resistant genes to other human pathogens, according to the following studies (Alali et al., 2010, Lazarus et al., 2014, Miranda et al., 2008a, Miranda et al., 2008b). The above phenomena were supported by the isolation of gene encoding transferable colistin resistance gene mcr-1 in humans and animals were first reported. However, colistin has been not approved for humans in china while used in animals as a therapeutic and growth promoter since 1980. Thus, it is expected that the mcr-1 gene first occurred in animals then spread to humans (Liu et al., 2016). In the same way, in Switzerland, 16 transmissible plasmids were unanimously determined, including eight assuredly having *blactx-m-1*-encoding essential genes from nine MDR E. coli in food animals and likely humans (Wang et al., 2014). Furthermore, in Switzerland, 3rd generation cephalosporin-resistant E. coli was identified from food animals (Wang et al., 2013).

The possible hypothesis is that various food and poultry products are reliable sources of *E. coli* that cause extraintestinal pathogenic *E. coli* active infections (ExPEC) supported by multiple lines of evidence 1: Genetic relationship between human EXPEC and Avian *E. coli*. 2: Many experimental studies scientifically show the potential of APEC's disease in a mammalian animal model, similarly the potential of the disease of EXPEC in avian model isolated from typical humans. 3: The close genetic relationship of *E. coli* isolated from human, poultry, retail

chicken meat based on molecular epidemiological data. 4: Furthermore, the observations in the past had shown that specific strains of E. coli in a specific community had caused a large number of infections in a short period, like cryptic outbreaks (Manges et al., 2016; Lazarus et al., 2015). E. coli (O25b: H4-ST131) and variant human EXPEC strains have been isolated from chicken farms in Spain (Cortés et al., 2010) and from other animals in Europe that causes infections in subtle humans (Ewers et al., 2010). Moreover, E. coli strains (O45:K1:H7-B2-ST95 DST371/ST 2676) have been recovered from patients with colibacillosis and poultry from France and Spain, in particular, which more than 85 % of clusters similarity were detected (Mora et al., 2013). From the previous hypothesis, this comparative study was typically conducted to determine the apparent prevalence of MDR E. coli in Pakistan poultry. From 2015 to 2017, a total of 1,219 liver samples from culled layer and broiler chickens with limited birth growth and reduced appetite but no other colibacillosis symptoms were collected from Pakistan's National Reference Laboratory for Poultry Diseases via federal and provincial sentinel surveillance laboratories as part of a national surveillance program. Most of the isolates, according to our findings, belong to the B1 or A clades. (Figure 4.5). With the more rigorous criterion of sequencing isolates obtained from active chicken illnesses and chickens with failure to develop, a more significant number of genetic signatures linked to phylogroup may be uniquely discovered. These results are comparable to those reported in the literature for E. coli from bovine mastitis in Ireland, mainly producing B1 and A clade genomes (Keane, 2016). A comparison of avian associated E. coli isolates from several leading European countries discovered that there was variation within each country, but that the A1 and B2 phylogroups were the most common, indicating that on a continental scale, geographic location may affect E. coli fascinating background (Cordoni et al., 2016). B2 and A emerged as the main phylogroups in the broader study of European avian associated E. coli sequesters (Mora et al., 2013). Because our research did not include a control chicken gut arm, the B1 and A clade isolates we discovered were identified as commensals in a higher percentage of the chickens. Except for the discovery that all Balochistan isolates were B1, we discovered that the phylogroups are equally distributed throughout Pakistan. This could be due to the small sample size from that region (11 isolates). The important aspect is that we found several phylogroups. Similarly sized isolate sets from Sindh and Khyber Pakhtunkhwa, and that the Sulaiman and Brahui ranges physically divide most of Balochistan from the rest of Pakistan (southern offshoots of the Hindu Kush Himalayan Region) shows the possibility of finding phylogeneticseparation of chicken associated E. coli in a larger collection of isolates throughout Pakistan's huge area.

When hierarchically grouped by ARG, virulence gene, or SNP presence, as well as phenotypic resistance, the B2 isolates often separate, indicating the longer branch lengths of these isolates in the phylogeny in (Figure 4.6A) compared to the majority of the prospective cohort. The phylogroups have been separated more effectively by the presence of virulence genes than ARGs, perhaps due to ARGs' greater mobility. The most common plasmid replicons in our sample were IncFIB plasmid replicons. In a study of E. coli in the United States, IncFIB plasmids were identified in substantially higher numbers in *E. coli* suspected of being avian pathogens or from retail chicken than in human and avian commensals (Johnson et al., 2016). The sensitivity pattern of specific antibiotics has been tested in Pakistan and the USA, respectively, a model similar for ciprofloxacin, gentamycin, trimethoprim, doxycycline, meropenem, nitrofurantoin, lincomycin, ceftiofur, and oxytetracycline chloramphenicol, norfloxacin, streptomycin, (Supplementary Tables S4, S5). While only the two antibiotics, colistin and spectinomycin, had revealed some differences (Supplementary Tables S4, S5). These core differences may be due to the miss interpretation of the resistant and intermediate zone or the possible use of complex MacFarland solution in Pakistani sensitivity protocol (Supplementary Tables S5).

MLST data in this study had shown that 11/16 of ST155 serotypes were positive for *bla*TEM-1b. similar finding reported in (Wang *et al.*, 2014). While two of the ST155 serotypes (EC-59 and EC02) were positive for *bla*CTX-M-15, and the rest of ST155 have no beta-lactamase resistant genes (Figure 4.6). Therefore, these findings are endorsed with the study conducted in France on foodproducing animals, in which *bla*CTX-M-15 genes of *E. coli* strains were isolated from swine, poultry, cattle (Meunier *et al.*, 2006), that these genes have well spread in both animals and humans. Meanwhile, *the E. coli* ST155 serotype was previously reported in the zoonotic transmission of ESBL genes to humans (Salim *et al.*, 2019). However, all our ST155 strains belonged to B1 phylogroups (Figure 4.6). Formerly, the same ST155 type of *E. coli* strains was isolated from chicken of B1 phylogroup, from Switzerland (Wang *et al.*, 2014). In recent years the study conducted in Ghana on poultry meat also reported that *bla*CTX-M-15 was predominant in ST155 serotypes (Eibach *et al.*, 2018). These findings support the phenomena of transmission of AMR genes between poultry and human reservoirs. One of the fascinating findings in this study was the EC-60 strain of phylogroup ST131. The ST131 strain of *E. coli* is frequently reported and related to human infections, including community acquired UTI infections and bacteremia worldwide (Chen *et al.*, 2016).

The EC-60 ST131 has *blactx-m-1* gene along with IncFIB (AP001918), IncFIC (F11), and Incl 1 plasmid replicons (Figure 4.6). *E. coli* ST131 has been universally reported from humans, animals, the environment, and food (Rogers *et al.*, 2011; Jamborova *et al.*, 2018). Therefore, a study on isolation and characterization of sewage *E. coli* in Pakistan has also reported *E. coli* ST131 strains

(Zahra *et al.*, 2018). Similarly, Ali and co-workers found 68 ST131 isolates out of 148 from clinical samples processed in Pakistan (Ali *et al.*,2016), which shows that ST131 is common in Pakistan clinical samples.

In ESBL, *bla<sub>CTX-M-1</sub>* is more commonly reported in animals isolated samples (Madec *et al.*, 2015). Our finding agreed with the study conducted on the broiler in Switzerland that the blacTX-M-1 gene has disseminated on Incl1 plasmid (Zurfluh et al., 2014). The presence of ST131 E. coli with ESBL in our poultry samples support the evidence of zoonotic transmission between poultry and humans. It is another line of evidence that E. coli could disseminate among animals, the environment, and humans (Figure 4.6). MALST data has shown another important serotype ST 117, in the samples. All the nine ST 117 (09/92) strains were reported in this study to belong to phylogroups B2 (Figure 4.6). Two EC-83 and EC-35-B interestingly have *blactx-M-15* genes while the rest have *blateM-1b* genes (Figure 4.6). However, the same serotype ST117 E. coli has been isolated from human stool and chicken meat simultaneously in the Netherlands (Overdevest et al., 2011). Similarly, in Italy, the ST117 strains were reported from human and avian E. coli samples (Giufrè, et al., 2012). In Sweden, together with other E. coli (ST69, ST10) serotypes, ST117 had fifty percent of the ESBL E. coli recovered from domestic chicken meat (Egervärn et al., 2014). However, a study in the United Kingdom documented blacTX-M-1 is the common ESBL gene in chicken isolated E. coli (Day et al., 2019). Similarly, a study in Germany reported *blactx-m-1* in ST117 isolates from chicken samples (Freitag et al., 2017). This is opposed with our investigation the diverse linage in the different geographical regions. However, this sequence type ST117 has been reported in causing diseases both in animals (Mora et al., 2012) and human sepsis and urinary tract diseases (Manges and Johnson, 2012). Conclusively, the serotype ST117 with *blactx-m-15* has been found in human, and poultry samples support the hypothesis of the zoonotic potential of this avian E. coli.

One of our considerable strains Ec-74 (ST101), also has the *blactx-m-15* gene. The sequence type (ST101) has been isolated from humans and swine with *blactx-m* genes, in which 95.75% of their isolates have ESBL *blactx-m* group; the study was conducted in northern Thailand in 2019 on healthy humans and swine. (Seenama *et al.*, 2019). Therefore, it agrees with our finding that ST101 has similar ESBL genes and lineage of human *E. coli*.

Comparatively, antibiotic resistance from our isolates and isolates from human *E. coli* particularly, in ESBL positive isolates, has different results. However, in the current study, 12 of our isolates carried *blactx-m-15* is the second most common after *blat-EM-1B*. (Figure 4.6). Similarly, Rubab and co-workers also reported the same *blactx-m-15* genes in 34 isolates from sewage isolated *E. coli* in which one isolate carried *blactx-m-27* from Pakistan (Zahra *et al.*, 2018). However, a study

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conducted on ESBL derived *E. coli* of humans and animals in the UK, *bla<sub>CTX-M-15</sub>* has only reported in human samples about 77% but not in animals (Day *et al.*, 2019), it is revealed that Pakistani linage of avian *E. coli* is more relevant to human pathogenic *E. coli* reported from the rest of the world. And the high prevalence of this gene in Pakistani *E. coli* strains, as compared to other *bla<sub>CTX-M</sub>* groups, particularly *bla<sub>CTX-M-1</sub>*, has been reported in only one of our isolate.

However, a study was conducted between year 2012-2014 in Pakistan, where 148 uropathogenic *E. coli* were isolated from the Pakistan Institute of Medical Sciences (PIMS), Islamabad (Ali *et al.*, 2016), in which most of the ESBL positive strains have *the blactx-M-15* gene. As a result, all these findings have shown that *the blactx-M-15* gene is more common in the Pakistani gene pool whether it was isolated from poultry, environment, and human samples. However, based on the previous study, the phylogenic linage was dominated by the B2 group (Ali *et al.*, 2016), while most of our strains were from B1, which shown that different linage exists in humans and animals.

Colistin is considered a last resort drug to treat gram-negative bacterial infections caused by MDR bacteria (Olaitan *et al.*, 2014). In veterinary, colistin is administered in food to control bacterial infections in poultry (Kempf *et al.*, 2013). Furthermore, the transmission of *the mcr-1* gene exhibited a threat to human health from animals (Yao *et al.*, 2016). In Pakistan, antibiotics usage for food animals (poultry, cattle) is enormously dominant for food safety (Mohsin *et al.*, 2017). Because Pakistan is in the top 10 countries, where intense farming practices (high use of antibiotics) in the animal industry (poultry, cattle) have been administrated as a growth promoter and disease control. However, woefully, there is no proper check and balance by the government of Pakistan on the use of antibiotics (Mohsin *et al.*, 2017; ur Rahman *et al.*, 2018b). That's why it is tough to find out the exact amount of antibiotics for growth promoters and disease control used in food-producing animals in Pakistan (Mohsin *et al.*, 2017).

In the present study, we isolated 13 *E. coli* strains with different sequence types (ST117, ST1011, ST2847, ST533, ST1324, ST2973, ST155, ST4516) have *mcr-1* genes (Figure4.6). Three of the *E. coli* were ST155, one strain was ST117, and the rest were 1=1011, 2=2847, 1= no group, 1=533, 2=1324, 1=2973, 1=4516 serotypes (Figure 4.6). To the best of our knowledge, this is the first study that we had reported a large number of *mcr-1 E. coli* strains from poultry in Pakistan. However, small-scale studies have previously been conducted in Pakistan poultry and reported the *mcr-1* positive *E. coli* from chicken (Azam *et al.*, 2017; Lv *et al.*, 2018; Mohsin *et al.*, 2019). Our findings also suggested that *the mcr-1* gene is well-spread in Pakistan poultry. Additionally, a similar study was conducted in China in which 40 *mcr-1* positive *E. coli* isolates have been reported

from different sequence types. All the above *mcr-1* samples were reported from 13 provinces of China in the year 2010-2015 (Yang *et al.*, 2017), belonging to different sequence types.

The discovery of the mobilizable colistin ARG, *mcr-1*, in 14 percent (13/92) of the isolates, all of which showed phenotypic resistance to colistin, was of considerable concern given our study of the ARG content within the cohort. Initially discovered in *E. coli* from Chinese swine farms, it has subsequently been found in a wide range of bacteria, including a cohort of avian *E. coli* isolates from Egypt and China, albeit at a considerably lower frequency of 1% (12/1220 isolates). (Liu*et al.*, 2016; Lima *et al.*, 2017). Moreover, *mcr-1* was identified in 4% (58/1136) of the genomes of *E. coli* from chickens in 13 Chinese provinces, according to a thorough study (Yang *et al.*, 2017), while in a study of 100 *E. coli* chicken isolates from Faisalabad, Pakistan, the frequency of *mcr-1* was reported to be 8% (Lv *et al.*, 2018).

An *E. coli* strain from a Tunisian chicken farm was discovered to have both  $bla_{CMY-2}$  and mcr-1 and antibiotic resistance to many additional classes (Maamar *et al.*, 2018). Our cohort only included one  $bla_{CMY-2}$  isolate, which did not contain mcr-1 but did have the pmrB V161G mutation, which has previously been demonstrated to confer colistin resistance but did not in our research. (Delannoy *et al.*, 2017). It was the most frequent virulence gene found in us cohort, similar to earlier studies of *E. coli* isolates from poultry (Keane, 2016). *E. coli* growth in serum was substantially disrupted when an isolate was deleted. (Huja *et al.*, 2015). Finally, adopting the criteria of MDR as non-susceptibility to at least one drug in three or more antimicrobial classes, we discovered that 82/92 isolates are MDR. (Magiorakos *et al.*, 2012). This finding is comparable to that of a study of avian *E. coli* isolates from Nepal, which found that 94 percent (47/50) of the cohort was MDR (Subedi *et al.*, 2018); and another study from Hebei, China, which found that 100% (87/87) of the cohort was MDR (Li *et al.*, 2015).

One study of avian-associated *E. coli* from Pakistan's Punjab area showed nearly universal resistance to ampicillin (98.6%), while we found just 79.3% (73/92) (Azam *et al.*, 2019). One study in Egypt showed 100% resistance to ampicillin in 116 avian-associated *E. coli* isolates (116/116) (Awad *et al.*, 2016). According to a research of retail poultry goods from the United States, *E. coli* from turkey products showed a greater incidence of ampicillin resistance (62%) than *E. coli* from chicken products (20 percent) (Davis *et al.*, 2018).

Fortunately, no phenotypic resistance was found in many therapeutically important antibiotics (Meropenem, imipenem, cefotetan, piperacillin-tazobactam, and amikacin). This finding is in line with a recent study of *E. coli* isolates from the ecosystem in Japan, which the authors characterized as having a virulence gene profile comparable to isolates linked with avian illnesses and being

100 percent sensitive to carbapenems and aminoglycosides (Hayashi *et al.*, 2019). We were unable to clearly identify ARGs or virulence genes present on mobilizable plasmids using short Illumina reads, which limited our research. Moreover, we could not discuss the similarities and differences between the liver-borne isolates and commensal sites due to the lack of sequencing of isolates obtained from the intestinal contents of indicated hens.

Furthermore, we do not have access to a chicken infection model to show connections between the strains' comparative pathogenicity and their virulence gene mosaic. Because clinical breakpoints are limited, some isolates with genetic markers of resistance may test phenotypically susceptible. There was no apparent connection between phenotypic resistance and the genotypic existence of a resistant determinant since we examined several drugs of the same class. We were unable to provide MIC values since we utilized disc diffusion instead of quantitative broth microdilution to evaluate antimicrobial susceptibility (except in instances of *mcr-1* positive isolates).

In conclusion, we gathered a group of chicken-associated *E. coli* isolates from Pakistan's various regions. The bulk of the isolates in this cohort are from the B1 and A clades, and they contain a variety of ARGs and virulence genes, which may make human infection treatment more difficult.

### **1.1. Future Prospects**

In Pakistan and worldwide food security and food safety is highly important. Livestock have number of challenges. Considering the one health concept certain pathogenic microbes in humans, animals and environment are common and exposed to antibiotics. Therefore, current study basis to point out certain indicator organism of Enterobacterace. We must deal with them in terms of knowing their pathogenicity, MDR, virulence genes and their potential of transforming these factors to another organism. Such organisms with such common ability of pathogenicity and antibiotic resistance should be figure out under the umbrella of one health concept and deal with specific drugs so the diseases burden is reduced.

Specific future goals are including:

- Further analysis of the mcr-1 positive strains through detailed draft genome sequence is require due to one health concept as it is reported from animal, humans and environment simultaneously.
- Zoonosis and molecular epidemiology of MDR E. coli on basis of human and animal intersection.
- Surveillance of integron sequence in MDR *E. coli* can provide useful information regarding the evolutionary changes of genes cassettes
- Characterization based on pathogenesis in E. coli and other related species is required

- Comparison with related species and other bacteria and white prevalence as indicator organism
- Sequencing of the conjugated plasmid through nanopore sequencing is needed for molecular evidence of conjugation assay.
- Large scale National surveillance and epidemiological analysis of AMR would present clear picture of AMR prevalence in the country

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## 7.0 Appendix

## A-1 Papers submitted / published links

1: https://www.frontiersin.org/articles/10.3389/fmicb.2019.03052/full

2:https://innspub.net/ijb/mcr-1-gene-transformationthrough-conjugation-assay-avianpathogenic-e-coli-pakistan/

**3**:The Supplementary material for this thesis can be found online at: <u>https://www.frontiersin.org/articles/10.3389/fmicb.2019.03052/full#sup</u> <u>plementary-material</u>

<i>E. coli</i> Strains	Serotype	Clade	Region
EC-51	ST354	F	Punjab
EC_60	ST131	B2	Punjab
EC_83	ST117	B2	Punjab
EC_64	ST95	B2	КРК
EC_35 <b>B</b>	ST117	B2	Punjab
EC_32	ST117	B2	КРК
EC_40	ST117	B2	Punjab
EC_37	ST117	B2	Islamabad
EC_77	ST117	B2	Islamabad
EC_73	ST117	B2	Sindh
EC_31	ST117	B2	Sindh
EC_101	ST117	B2	Sindh
EC_11	ST1011	E	Islamabad

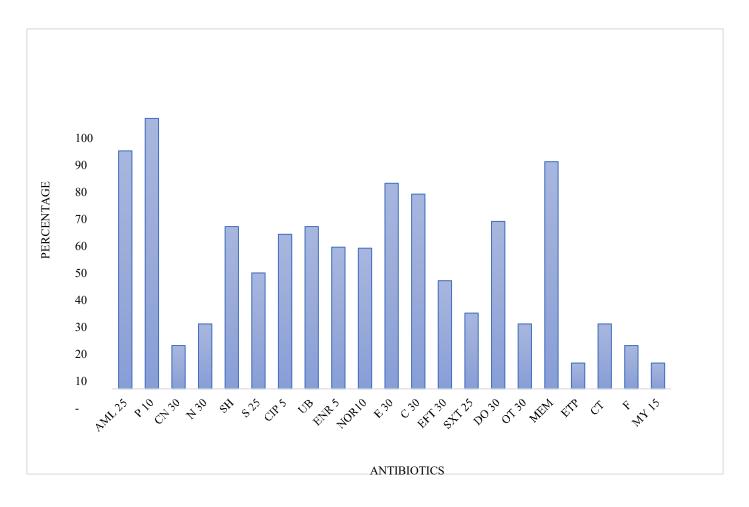
## A-2 Summary of all Sequenced Strains

EC_81	ST1011	E	Islamabad
EC_95	NIL	E	КРК
EC_57	ST350	E	КРК
EC_09	ST350	E	Islamabad
EC_94	ST2847	E	Islamabad
EC_68	ST2847	E	Punjab
EC_55	ST2847	E	Punjab
EC_26	ST2847	E	Islamabad
EC_42	ST4516	A	Punjab
EC_28	Nil	A	Punjab
EC_29	ST710	A	Punjab
EC_36	ST93	A	КРК
EC_08	ST93	A	КРК
EC_47	ST93	A	Punjab
EC_56	ST3856	A	КРК
EC_76	ST6812	A	Sindh
EC_103	ST746	A	Punjab
EC_50	ST746	A	Islamabad
EC_34A	ST1564	A	Islamabad
EC_45	ST46	A	Islamabad
EC_34B	ST48	A	КРК
EC_90	ST48	A	Punjab

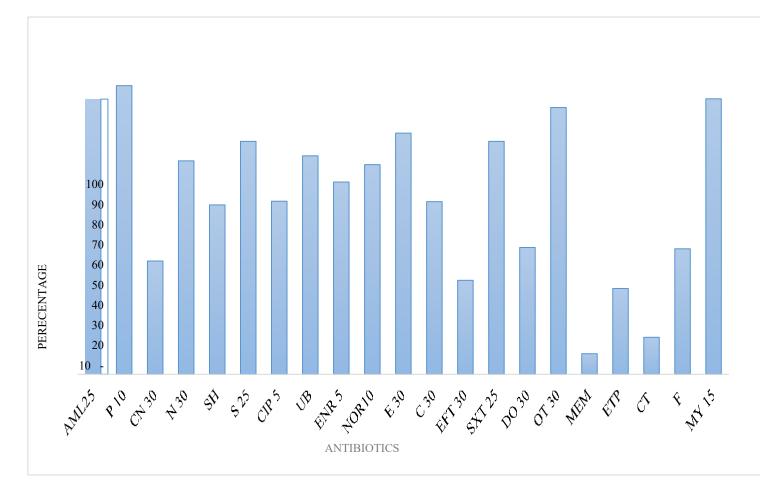
EC_85	ST48	А	Sindh
EC_12	ST7187	A	Punjab
EC_03	ST10	A	Punjab
EC_62	ST10	A	Punjab
EC_65	Nil	A	Islamabad
EC_75	ST10	A	Sindh
EC_13	Nil	A	Punjab
EC_39	ST10	A	Punjab
EC_06	Nil	B1	Punjab
EC_46	ST23	B1	Islamabad
EC_01	ST23	B1	Punjab
EC_61	ST23	B1	Punjab
EC_10	Nil	B1	Punjab
EC_21	Nil	B1	Punjab
EC_54	Nil	B1	Islamabad
EC_27	Nil	B1	Punjab
EC_84	Nil	B1	Punjab
EC_92	ST162	B1	КРК
EC_88	ST453	B1	Punjab
EC_17	ST453	B1	Punjab
EC_33-B	ST2852	B1	Balochistan
EC_38	ST2852	B1	Balochistan

EC_72	ST533	B1	Punjab
EC_98	ST224	B1	Islamabad
EC_22	ST76	B1	Islamabad
EC_100	ST6743	B1	КРК
EC_102	ST7643	B1	Punjab
EC_44	ST156	B1	Punjab
EC_74	ST101	B1	Punjab
EC_63	ST212	B1	Baluchistan
EC_80	ST212	B1	Baluchistan
EC_58	ST101	B1	КРК
EC_26	ST2973	B1	Punjab
EC_49	ST1326	B1	Islamabad
EC_16	ST1326	B1	Punjab
EC_78	ST2973	B1	Punjab
EC_96	ST1326	B1	Baluchistan
EC_23	ST1724	B1	Punjab
EC_104	ST155	B1	КРК
EC_05	ST155	B1	Islamabad
EC_30	ST155	B1	Punjab
EC_43	ST155	B1	Baluchistan
EC_71	ST155	B1	Islamabad
EC_82	ST155	B1	Sindh

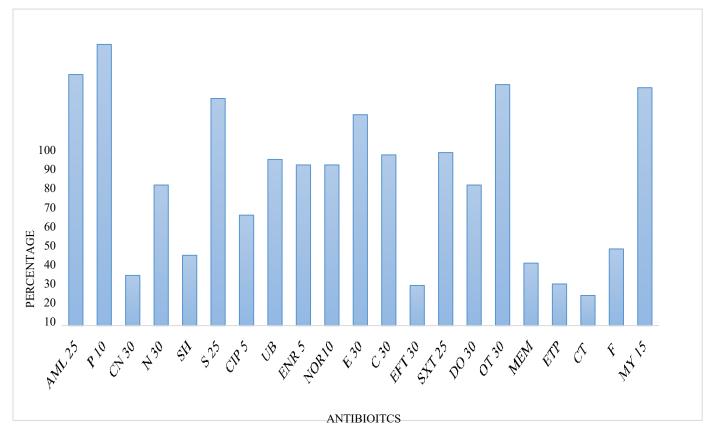
EC_89	ST155	B1	Islamabad
EC_66	ST155	B1	Islamabad
EC_52	Nil	B1	Islamabad
EC_35A	Nil	B1	Islamabad
EC_48	ST155	B1	Punjab
EC_67	ST155	B1	Punjab
EC_59	ST155	B1	Punjab
EC_02	ST155	B1	Islamabad
EC_20	ST155	B1	Punjab
EC_97	Nil	B1	Islamabad
EC_24	ST155	B1	Baluchistan
EC_79	ST155	B1	Baluchistan
EC_07	ST155	B1	Baluchistan



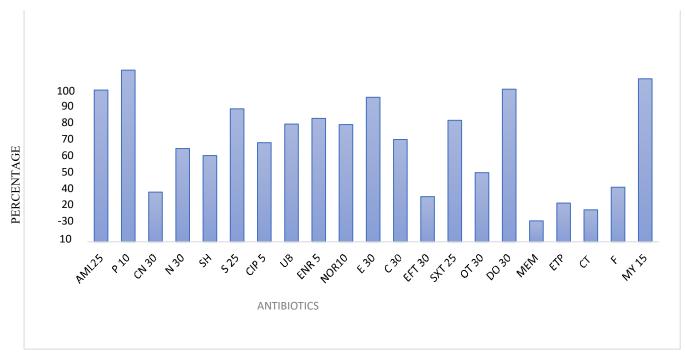
A-3 Prevalence of antibiotic resistant data among *E. coli* isolates from Baluchistan against different antibiotics.



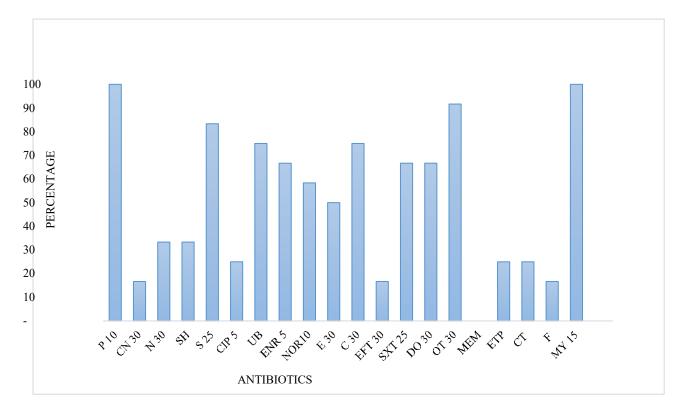
A-4 Prevalence of antibiotic resistant data among *E. coli* isolates from Islamabad against different antibiotics



A-5 Prevalence of antibiotic resistant data among *E. coli* isolates from Khyber-Pakhtunkhwa against different antibiotics.



A-6 Prevalence of antibiotic resistant data among *E. coli* isolates from Punjab against different antibiotics



A-7 Prevalence of antibiotic resistant data among *E. coli* isolates from Sindh against different antibiotics

Table Analyzed	Two-way ANOVA				
Two-way ANOVA	Ordinary				
Alpha	0.05				
Source of Variation	% of total variation		P value summary	Significant?	
Row Factor		0.1420	-	No	
Column Factor	88.76	<0.000 1	****	Yes	
ANOVA table	SS	DF	MS	F (DFn, DFd)	P value
Row Factor	359.5	1	359.5	F(1, 20) = 2.337	
Column Factor	27123	20	1356	F(20, 20) = 8.816	P<0.000 1
Residual	3077	20	153.8		
Number of missing values	0				

A-8 Summary of backyard and commercial antibiotic resistance through GraphPad prism

Table Analyzed	Two-way ANOVA							
Two-way ANOVA	Ordinary							
Alpha	0.05							
Source of Variation	% of variation	total		P	value	Significa	nt?	
Row Factor	1.259			summary *		Yes		
Now Paciol	1.239		< 0.0234			105		
Column Factor	90.17		<0.000 1	***		Yes		
ANOVA table	SS		DF	MS		F (DFn, l	DFd)	P value
Row Factor	1001		4	250.2		F (4, 80)	= 2.94	P=0.025 4
Column Factor	71649		20	3582		F (20, 42.09	80) =	P<0.000 1
Residual	6809		80	85.11				
Number of missing values	0							

A-9 Summary of Antibiotic resistance among different regions through GraphPad prism

Strain	Accession No	links
EC_01	SAM <u>N10926008</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926008
EC_02	SAMN10926093	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926093
EC_03	SAM <u>N10926045</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926045
EC_05	SAM <u>N10926083</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926083
EC_06	SAM <u>N10926098</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926098
EC_07	SAMN10926053	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926053
EC_08	SAM <u>N10926026</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926026
EC_09	SAM <u>N10926019</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926019
EC_10	SAM <u>N10926043</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926043
EC_11	SAMN10926052	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926052
EC_12	SAM <u>N10926054</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926054
EC_13	SAMN10926049	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926049
EC_16	SAM <u>N10926084</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926084
EC_17	SAM <u>N10926033</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926033
EC_20	SAMN10926094	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926094
EC_21	SAMN10926044	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926044
EC_22	SAM <u>N10926067</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926067
EC_23	SAM <u>N10926036</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926036

A-10 Whole genome sequences of the isolated *E. coli* strains

EC_24	SAMN10926068	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926068)
EC_25	SAMN10926069	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926069
EC_26	SAM <u>N10926070</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926070
EC_27	SAM <u>N10926071</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926071
EC_28	SAM <u>N10926075</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926075
EC_29	SAM <u>N10926029</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926029
EC_30	SAM <u>N10926099</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926099
EC_31	SAMN10926027	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926027
EC_32	SAM <u>N10926013</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926013
EC_33_B	SAM <u>N10926040</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926040
EC_34_A	SAM <u>N10926096</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926096
EC_34_B	SAM <u>N10926097</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN109260977
EC_35_A	SAM <u>N10926086</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926086
EC_35_B	SAM <u>N10926087</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926087
EC_36	SAM <u>N10926035</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926035
EC_37	SAM <u>N10926063</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926063
EC_38	SAM <u>N10926056</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926056
EC_39	SAM <u>N10926080</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926080
EC_40	SAM <u>N10926051</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926051
EC_42	SAM <u>N10926058</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926058

EC_43	SAM <u>N10926066</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926066
EC_44	SAMN10926062	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926062
EC_45	SAM <u>N10926037</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926037
EC_46	SAM <u>N10926035</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926035
EC_47	SAM <u>N10926038</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926038
EC_48	SAM <u>N10926039</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926039
EC_49	SAM <u>N10926059</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926059
EC_50	SAM <u>N10926065</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926065
EC_51	SAM <u>N10926024</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926024
EC_52	SAM <u>N10926064</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926064
EC_54	SAM <u>N10926095</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926095
EC_55	SAM <u>N10926023</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926023
EC_56	SAM <u>N10926077</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926077
EC_57	SAMN10926018	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926018
EC_58	SAM <u>N10926057</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926057
EC_59	SAMN10926072	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926072
EC_60	SAM <u>N10926014</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926014
EC_61	SAM <u>N10926073</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926073
EC_62	SAM <u>N10926090</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926090

EC_63	SAMN10926030	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926030
EC_64	SAMN10926076	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926076
EC_65	SAM <u>N10926092</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926062
EC_66	SAMN10926074	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926074
EC_67	SAM <u>N10926017</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926017
EC_68	SAM <u>N10926028</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926028
EC_72	SAM <u>N10926047</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926047
EC_73	SAM <u>N10926061</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926061
EC_74	SAM <u>N10926022</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926022
EC_75	SAMN10926041	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926041
EC_76	SAM <u>N10926088</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926088
EC_77	SAMN10926048	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926048
EC_78	SAM <u>N10926015</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926015
EC_79	SAM <u>N10926034</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926034
EC_80	SAM <u>N10926055</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926055
EC_81	SAM <u>N10926089</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926076
EC_82	SAM <u>N10926079</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926079
EC_83	SAM <u>N10926025</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926025
EC_84	SAM <u>N10926078</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926078
EC_85	SAM <u>N10926042</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926042

EC_88	SAM <u>N10926011</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926011
EC_89	SAM <u>N10926016</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926016
EC_90	SAM <u>N10926012</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926012
EC_92	SAMN10926031	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926031
EC_94	SAMN10926020	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926020
EC_95	SAMN10926021	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926021
EC_96	SAM <u>N10926089</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926032
EC_97	SAMN10926081	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926081
EC_98	SAM <u>N10926091</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926091
EC_100	SAMN10926085	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926085
EC_101	SAM <u>N10926009</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926009
EC_102	SAM <u>N10926010</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926010
EC_103	SAM <u>N10926060</u>	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926060
EC_104	SAMN10926082	https://www.ncbi.nlm.nih.gov/biosample/SAMN10926082



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# Genomic Characterization of Antibiotic Resistant Escherichia coli Isolated From Domestic Chickens in Pakistan

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