

PREVALENCE OF VIRULENCE FACTORS AND ANTIBIOTIC RESISTANCE GENES IN SHIGA TOXIN-PRODUCING ESCHERICHIA COLI ISOLATED FROM QUAILS

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Received: 17 October 2020; **Accepted:** 28 October 2020

ABSTRACT

This study aimed to determine the prevalence, pathological investigation and profiles of virulence and antibiotic resistance genes in Shiga toxin-producing *Escherichia coli* (*E. coli*) isolated from quails. A total of 450 samples were collected from 150 quails (50 apparently healthy, 50 diseased and 50 recently dead) for bacterial isolation. The isolated *E. coli* was tested for antimicrobial susceptibility and was screened for the presence of virulence genes (*stx1*, *stx2*, *eaeA*, and *hly*) and antibiotic resistance genes (*tetA* and *sul1*) using polymerase chain reaction (PCR). Seven-day old quails were challenged with *E. coli* to determine the pathogenicity of the isolated strains. A total number of 93 (20.67%) *E. coli* isolates were recovered. The most prevalent serogroups O125, O20, and O78. *E. coli* were highly sensitive to neomycin, norfloxacin, and colistin, highly resistant to sulphamethoxazole, tetracycline, and amoxicillin. *Stx2* and *eaeA* genes were detected in (3/8) and (2/8) of isolates, respectively, while all isolates were negative for *stx1* and *hly* genes. Moreover, *tetA* and *sul1* genes were detected in 100% of examined isolates. The pathogenicity test revealed that *E. coli* (O125 STEC) was a highly pathogenic and induced mortality rate of 40%. Histopathological changes supported the post mortem lesions. In conclusion, these data can be considered alarming since quail may be a carrier of STEC that is highly pathogenic for humans. Also, these *E. coli* showed marked resistance to several antibiotics of clinical interest. So proper hygiene regime and biosecurity measures are necessary to minimize the risk of spread of infection to the human population.

Keywords: Quails; STEC; antibiotic resistance; virulence genes

INTRODUCTION

Quail farming is considered as one of the most alternative sources for meat to

overcome protein shortage in Egypt. This bird species is characterized by rapid growth, short generation, low feed intake, nutritious meat, higher egg production potentiality, and less susceptible to bacterial diseases as compared to other poultry species (Yusuf et al., 2016). Avian pathogenic *Escherichia coli* (*E. coli*) strains are responsible for many cases of colibacillosis, yolk sac infection, cellulitis, and omphalitis in quails (Salehi and

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Ghanbarpour, 2010). Based on the virulence factors, *E. coli* has been classified into different pathotypes: enterotoxigenic *E. coli* (ETEC) enteroinvasive *E. coli* (EIEC), enteropathogenic *E. coli* (EPEC), diffusely adherent *E. coli* (DAEC), enteroaggregative *E. coli* (EAEC), and enterohemorrhagic or Shiga toxin-producing *E. coli* (EHEC/STEC). The latter is most commonly associated with outbreaks of foodborne diseases (Bandyopadhyay *et al.*, 2011), hemorrhagic diarrhea, hemorrhagic colitis, hemolytic uremic syndrome, and thrombotic thrombocytopenic purpura (Shahreza *et al.*, 2017). STEC pathogenicity depends mainly on many virulence genes such as Shiga toxin type 1 (*stx1*), *stx2*, *eaeA*, and *hlyA*. The *eaeA* gene encodes intimin, which enables intimate attachment of bacteria to the lining epithelia of the intestine (Ateba and Mbewe, 2014). The *hlyA* gene encodes enterohemolysin, which causes hemolysis thereby facilitating iron uptake by bacteria to maintain their survival in the gut (Dontorou *et al.*, 2003).

Antibiotic resistance constitutes a major threat to human and animal health, particularly in developing countries, where antibiotics administered without regulation from authorities (Spellberg and Gilbert, 2014; El-Domany *et al.*, 2017; El-Adawy *et al.*, 2018). Another major cause of higher pathogenicity for STEC strains is abundant antibiotic resistance to a large variety of most commonly used antibiotics including aminoglycosides, penicillin, streptomycin, cephalosporins, sulfonamides, tetracycline, and quinolones (Wang *et al.*, 2016).

Some published reports investigated STEC in many poultry species such as chicken, duck, quails, and goose (Farooq *et al.*, 2009; Dutta *et al.*, 2011; Sekhar *et al.*, 2017). However, little is known regarding the pathogenicity, virulence, and drug resistance genes of STEC in quails. Therefore, the present study aimed to determine the incidence of Shiga toxin-producing *E. coli* and the prevalence of

their virulence and antibiotic resistance genes in quails. We also investigated the pathogenicity of STEC on the experimentally infected quails.

MATERIALS AND METHODS

Samples collection and culture

A total number of 150 quails were used in the present study. We collected 450 samples as follows: 50 cloacal swabs from 50 healthy quails and 400 samples from heart blood, liver, lung, and intestine of 50 freshly dead birds and 50 diseased birds. Samples were first inoculated into buffer peptone water (with incubation at 37°C for 18-24 h under aerobic conditions) and then cultured on 5% sheep blood and MacConkey agar (Merck, Germany) media (with incubation at 37 °C for 24 h). Suspected colonies of *E. coli* were re-cultured on blood agar plates and EMB agar (Merck, Germany), and colonies with green metallic sheen were selected as *E. coli*. These colonies were further confirmed by the following biochemical tests: urease, indol, methyl red, lactose and glucose fermentation (using TSI medium), Voges Proskauer, citrate, and lysine decarboxylase (Quinn *et al.*, 2002).

Pathogenicity tests

The pathogenicity of *E. coli* isolates was tested by congo red (Berkhoff and Vinal, 1986) and hemolysis production (Livezey and Zusi, 2007) tests. To determine congo red binding activity, *E. coli* isolates were cultured on tryptic soy agar supplemented with 0.02% Congo red (Sigma, USA) and 0.15% bile salt (Difco, USA) at 37°C for 24 h and red colonies (positive) were selected. To determine hemolysis production, *E. coli* isolates were grown on tryptose blood agar (Difco) plates supplemented with 5% defibrinated washed sheep blood at 37°C for 24h and then suspected colonies were examined for hemolytic activity (Livezey and Zusi, 2007).

Serological identification of *E. coli*

E. coli isolates were serotyped in Animal Health Research Institute, Dokki, Giza using polyvalent and monovalent diagnostic *E. coli* antisera (Denka Seiken Co. Ltd, Japan) as previously described (Edwards and Ewing, 1972).

Antimicrobial drug sensitivity test

It was performed by disc diffusion method using Muller-Hinton agar using 7 antibiotic disc belongs to six different antimicrobial classes including sulfamethoxazole (100 µg/disk), norfloxacin (10 µg/disk), tetracycline (30 µg/disk), neomycin (30 µg/disk), doxycycline (30 µg/disk), amoxicillin (10 µg/disk), and colistin sulphate, (30 µg/disk) (Oxoid, Basingstoke, UK). Interpretation of the results was done following Clinical and Laboratory Standards Institute Guidelines **CLSI**. (2011).

Polymerase chain reaction (PCR)

DNA extraction:

DNA extraction from samples was performed using the QIAamp DNA Mini kit (Qiagen, Germany, GmbH) with modifications from the manufacturer's recommendations. Briefly, 200 µl of the sample suspension was incubated with 10 µl of proteinase K and 200 µl of lysis buffer at 56°C for 10 min. After incubation, 200 µl of 100% ethanol was added to the lysate. The sample was then washed and

centrifuged following the manufacturer's recommendations. Nucleic acid was eluted with 100 µl of elution buffer provided in the kit.

Oligonucleotide Primer. Primers used were supplied from **Metabion (Germany)** are listed in table (1).

For stx1, stx2 duplex PCR, primers were utilized in a 50- µl reaction containing 25 µl of Emerald Amp Max PCR Master Mix (Takara, Japan), 1 µl of each primer of 20 pmol concentration, 13 µl of water, and 8 µl of DNA template. The reaction was performed in an Applied biosystem 2720 thermal cycler.

Analysis of the PCR Products:

The products of PCR were separated by electrophoresis on 1% agarose gel (Applichem, Germany, GmbH) in 1x TBE buffer at room temperature using gradients of 5V/cm. For gel analysis, 20 µl of the uniplex PCR products and 40 µl of the duplex PCR products were loaded in each gel slot. Generuler 100 bp ladder (Fermentas, Thermo) was used to determine the fragment sizes. The gel was photographed by a gel documentation system (Alpha Innotech, Biometra) and the data was analyzed through computer software.

Table 1: Primers sequences, target genes, amplicon sizes and cycling conditions.

| Target gene | Primers sequences | Amplified segment (bp) | Primary Denaturation | Amplification (35 cycles) | | | Final extension | Reference |
|----------------|--|------------------------|----------------------|---------------------------|-----------------|-----------------|-----------------|-------------------------------------|
| | | | | Secondary denaturation | Annealing | Extension | | |
| <i>hly</i> | AACAAGGAT AAGCACTGTT CTGGCT ACCATATAAG CGGTCATTCC CGTCA | 1177 | 94°C 5 min. | 94°C 30 sec. | 60°C 50 sec. | 72°C 1 min. | 72°C 10 min. | (Piva <i>et al.</i> , 2003) |
| <i>eaeA</i> | ATGCTTAGTG CTGGTTTAGG GCCTTCATCA TTTCGCTTTC | 248 | 94°C 5 min. | 94°C 30 sec. | 51°C 30 sec. | 72°C 30 sec. | 72°C 7 min. | (Bisi-Johnson <i>et al.</i> , 2011) |
| <i>Stx1</i> | ACACTGGATG ATCTCAGTGG CTGAATCCCC CTCCATTATG | 614 | | | | | | |
| <i>Stx2</i> | CCATGACAAC GGACAGCAG TT CCTGTCAACT GAGCAGCAC TTTG | 779 | 94°C 5 min. | 94°C 30 sec. | 58°C 40 sec. | 72°C 45 sec. | 72°C 10 min. | (Dipineto <i>et al.</i> , 2006) |
| <i>tetA(A)</i> | GGTTCACCTCG AACGACGTC A CTGTCCGACA AGTTGCATGA | 576 | 94°C 5 min. | 94°C 30 sec. | 50°C 40 sec. | 72°C 45 sec. | 72°C 10 min. | |
| <i>SulI</i> | CGG CGT GGG CTA CCT GAA CG GCC GAT CGC GTG AAG TTC CG | 433 | 94°C 5 min. | 94°C 30 sec. | 60°C 40 sec. | 72°C 45 sec. | 72°C 10 min. | (Ibekwe <i>et al.</i> , 2011) |

Pathogenicity of E.coli isolates to quails

A total of 95 one-day-old Japanese quails (*Coturnix japonica*) were used in this experiment. Five birds were randomly sacrificed for the bacteriological examination which proved that they were free from bacterial pathogens. The iron cages were fumigated with formaldehyde and KMnO₄ (2:1) fifteen days before the arrival of birds. The cages were kept dry, clean, disinfected, and well ventilated during the entire experimental periods. Incandescent lights were used to brood baby birds at 34°C up to 7 days of age and the temperature was gradually reduced to 26°C by 21 days of age after which, no supportive heat was provided.

Quail chicks were randomly assigned into 3 groups GA, GB, and GC (n = 30 birds/group). Each group subdivided into 2 replicates of 15 birds for each.: GA non-

infected, non-treated, GB infected with E. coli O125 at the age of 7 days, and GC infected with E. coli O125 at the age of 7 days and medicated with neomycin (20%) 1 g/liter for 5 successive days at the age from 9 to 13 days. The E. coli O125 (Shiga toxin-producing *E.coli*) used in the experimental infection was previously isolated from diseased quails. Birds in GB and GC were orally challenged with 1 ml of saline containing 10⁸cfu/ml *E. coli* O125 in the back of the oral cavity using a sterile syringe at the age of 7 days (Cao *et al.*, 2013).

The birds in the challenged groups were observed daily after the challenge for any symptoms and deaths throughout the period of the experiment (4weeks). Dead birds were necropsied immediately after the detection of their death and macroscopical lesion scores were registered. For bacterial

re-isolation, swabs from the lung, heart, liver, and intestine were collected from 4 sacrificed birds in each group at the 1st, 2nd, and 3rd weeks after the challenge. In addition, tissue samples from these organs were fixed in 10% neutral buffered formalin for histopathological examination. The fixed tissues were dehydrated in methanol, cleared in xylene, embedded in paraffin, sectioned at 4 µm, and stained with hematoxylin and eosin (Bancroft and Gamble, 2008). All tissues were microscopically examined and the histopathological alterations were blindly graded.

RESULTS

Clinical signs and post mortem findings in field cases

The symptoms of colibacillosis were declined food intake and body weight, weakness, ruffling of feathers, and yellowish diarrhea. While, the post mortem examination for dead and diseased birds showed congestion of liver, spleen, kidney, and lung, pericarditis, perihepatitis, air sacculitis, congestion and hemorrhage in the intestinal mucosa, and some cases showed catarrhal enteritis.

Out of 450 examined samples, *E. coli* was identified in 20.67% (93/450) of the total examined samples based on morphological and biochemical characteristics. Out of 93 strains, ten strains (20%) were isolated from cloacal swabs of healthy birds, 38 strains (19%) from diseased birds and 45 strains (22.5%) from freshly dead. Congo red media was used for differentiation between pathogenic and nonpathogenic *E. coli*. Out of 93 identified strains, 40(43.01%) were pathogenic (table2). Regarding to hemolysis on blood agar all isolated strains were non hemolytic.

The recovery rates of the pathogenic *E. coli* from different quail samples were 13%, 8%, 6% and 11% from liver, heart blood, lung and intestine, respectively (fig1). *E. coli*

isolates were serotyped into 7 serotypes including O125, O20, O78, O55, O44, O114, and O35 the most prevalent serotypes were O125, O20 and O78 with an incidence of 22.5%, 20% and 15% respectively (table3).

The antimicrobial susceptibility pattern of (40) pathogenic *E. coli* strains isolated from cloacal swabs and internal organs of the examined quail revealed variable results in susceptibility and zones of inhibition to the different antimicrobial drugs which commonly used in quail treatments. *E. coli* isolates demonstrated high rates of resistance to sulfamethoxazole, tetracycline (100% for each) and amoxicillin (75%). Conversely, neomycin, norfloxacin and colistin showed the lowest resistance rate against *E. coli* isolates (15%, 20% and 25% respectively) Table (4).

Virulence and antibiotic resistance genes:

In this study, the presence of 4 virulence genes, including *stx1*, *stx2*, *eae* and *hly* were verified by multiplex PCR analysis. Among the virulence genes detected, *stx2* was detected in (3/8) isolates and *eae* was detected in (2/8) isolates whereas none of the isolate was carrying *stx1* or *hly* gene. Also, multiplex PCR was used for the detection of antibiotic resistance genes including *tetA* and *sulI*. The antibiotic resistance genes profile revealed the presence of *tetA* and *sulI* in all examined isolates table (5).

Results of experimental infection:

Clinical signs:

No clinical signs were observed in the uninfected-untreated group (GA) while in infected groups (B&C) clinical symptoms appeared within 48 hours following experimental *E. coli* infection. The clinical symptoms observed were depression, loss of appetite, ruffled feather, emaciation, conjunctivitis, rhinitis, and severe watery diarrhea. Within 24 hours following initiation of neomycin treatment, infected birds treated with neomycin (GC) improved clinically after 3-days treatment period and clinical signs disappeared within 5 to 7 days

following treatment. In contrast, the incidence of clinical disease in surviving infected-untreated birds (GB) was estimated as 20-50%, seven days following infection.

Mortalities: In *E. coli* challenged groups, mortalities started at the 3rd day post-challenge and were (40%) while in group(C) treated with neomycin reduced into (23.33%) (Table 6).

Gross lesions: Dead and sacrificed birds of infected-untreated group post infection were represented tracheitis with purulent exudates in the tracheal lumen and bronchi, air-sacculitis on both the thoracic and abdominal air-sacs, hyperemia of intestinal mucosa, congestion of liver, pericarditis. While infected and treated groups with neomycin showed less severe lesions. Seven days following initiation of treatment lesions virtually disappear.

Re-isolation of *E. coli*:

All quails in uninfected-untreated group (GA) were negative for re-isolation of the challenge bacteria. *E. coli* could be recovered from tissues in some birds which infected and treated with neomycin in the drinking water (GC) with re-isolation rate of 21.1%. While infected-untreated group (GB) had a higher re-isolation rate of *E. coli* (62.2%) from different organs. (Table7).

Histopathological finding:

Histopathological examination of the lung in GA showed normal lung histological structure (Fig. 3A). However, GB showed severe histopathological changes including congestion, hemorrhage (arrow), perivascular edema, bronchopneumonia (arrowhead), mild sero-fibrinous air

sacculitis (Fig. 3B). Sero-fibrinous exudate extended to interlobular pulmonary septae. GC demonstrated mild congestion of blood vessels (arrow) without exudate in bronchi or air sacculitis (Fig. 3C). Livers in GA showed normal histological structure (Fig. 4A). In contrast, GB exhibited focal necrotic hepatic cells intermingled with microsteatosis and leukocytic infiltration in the hepatic parenchyma (Fig. 4B). Necrotic areas demarcated from adjacent degenerated hepatic cells by fibrous tissue containing erythrocytes and mononuclear cells (arrow, Fig. 4B). The majority of portal areas exhibited numerous bile duct with mononuclear cell infiltration. On the other hand, GC demonstrated mild vacuolation in few hepatocytes (arrow) and the majority of the hepatic parenchyma was normal (Fig. 4C). Hyperplastic Kuffer cells and mild interstitial lymphoid aggregation could be seen in livers of this group. Hearts in GA displayed normal histological architecture (Fig. 5A). However, Heart in GB revealed sero-fibrinous pericarditis (arrow) with edema and mononuclear cell infiltration (Fig. 5B). Meanwhile, the pericardium and myocardium restored their normal morphologic picture in GC (Fig. 5C). Histopathological examination of the intestine in GA showed normal histological structure (Fig. 6A). In contrast, the intestine in GB revealed necrotic and sloughed villi (arrow), intestinal exudate, and mononuclear cell infiltration in intestinal crypts (Fig. 6B). On the other hand, GC showed hyperplastic goblet cell (arrow) and proliferative intestinal crypts (arrowhead) to replace sloughed portions (Fig. 6C).

Table 2: Prevalence of *E. coli* in examined samples collected from quail.

| quails | Number of examined sample | No. of Escherichia coli positive samples | Prevalence (%*) | No. of <i>E. coli</i> positive Congo red | Prevalence (%**) |
|---------------|---------------------------|--|-----------------|--|------------------|
| healthy | 50 | 10 | 20 | 2 | 20 |
| diseased | 200 | 38 | 19 | 16 | 42.11 |
| Recently dead | 200 | 45 | 22.5 | 22 | 48.89 |
| Total | 450 | 93 | 20.67 | 40 | 43.01 |

(%*) No of *E. coli* positive samples/No.of examined samples.

(%***) No. of *E. coli* positive congo red / No. of *Escherichia coli* positive samples

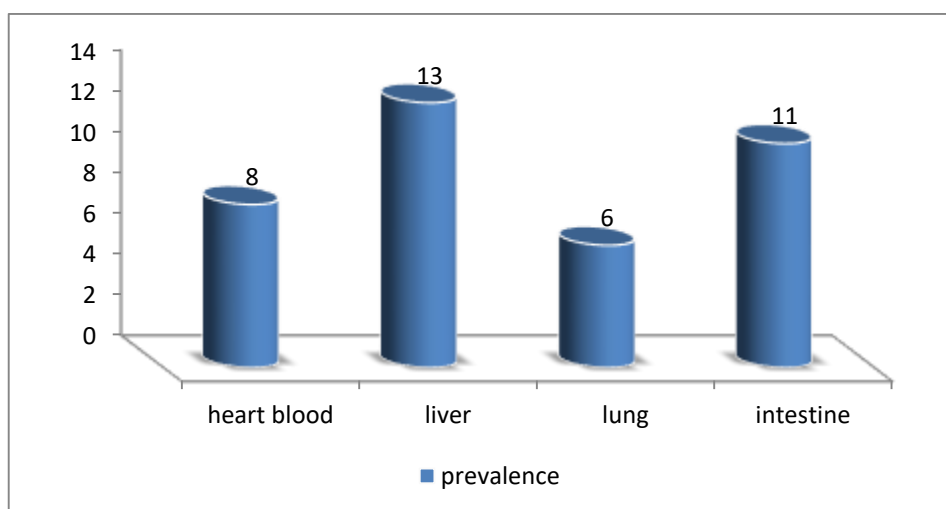


Figure 1: Prevalence of *E. coli* in different organs of the examined quails

Table 3: Serogrouping of 40 *E. coli* isolates recovered from examined samples.

| Serogroup | O125 | O20 | O78 | O55 | O44 | O114 | O35 | UNTYPED |
|-----------|------|-----|-----|------|-----|------|-----|---------|
| Number | 9 | 8 | 6 | 5 | 3 | 3 | 2 | 4 |
| % | 22.5 | 20 | 15 | 12.5 | 7.5 | 7.5 | 5 | 10 |

Table 4: Results of antimicrobial susceptibility test for 40 *E. coli* isolates.

| Antibiotic class | Antimicrobial agent | resistant | | sensitive | |
|------------------|---------------------|-----------|-----|-----------|----|
| | | No. | % | No. | % |
| β -lactams | Amoxicillin | 30 | 75 | 10 | 25 |
| Sulfonamides | Sulfamethoxazole | 40 | 100 | 0 | 0 |
| Aminoglycosides | Neomycin | 6 | 15 | 34 | 85 |
| Tetracycline | Tetracycline | 40 | 100 | 0 | 0 |
| | Doxycycline | 28 | 70 | 12 | 30 |
| Quinolones | Norfloxacin | 8 | 20 | 32 | 80 |
| polymxins | Colistin | 10 | 25 | 30 | 75 |

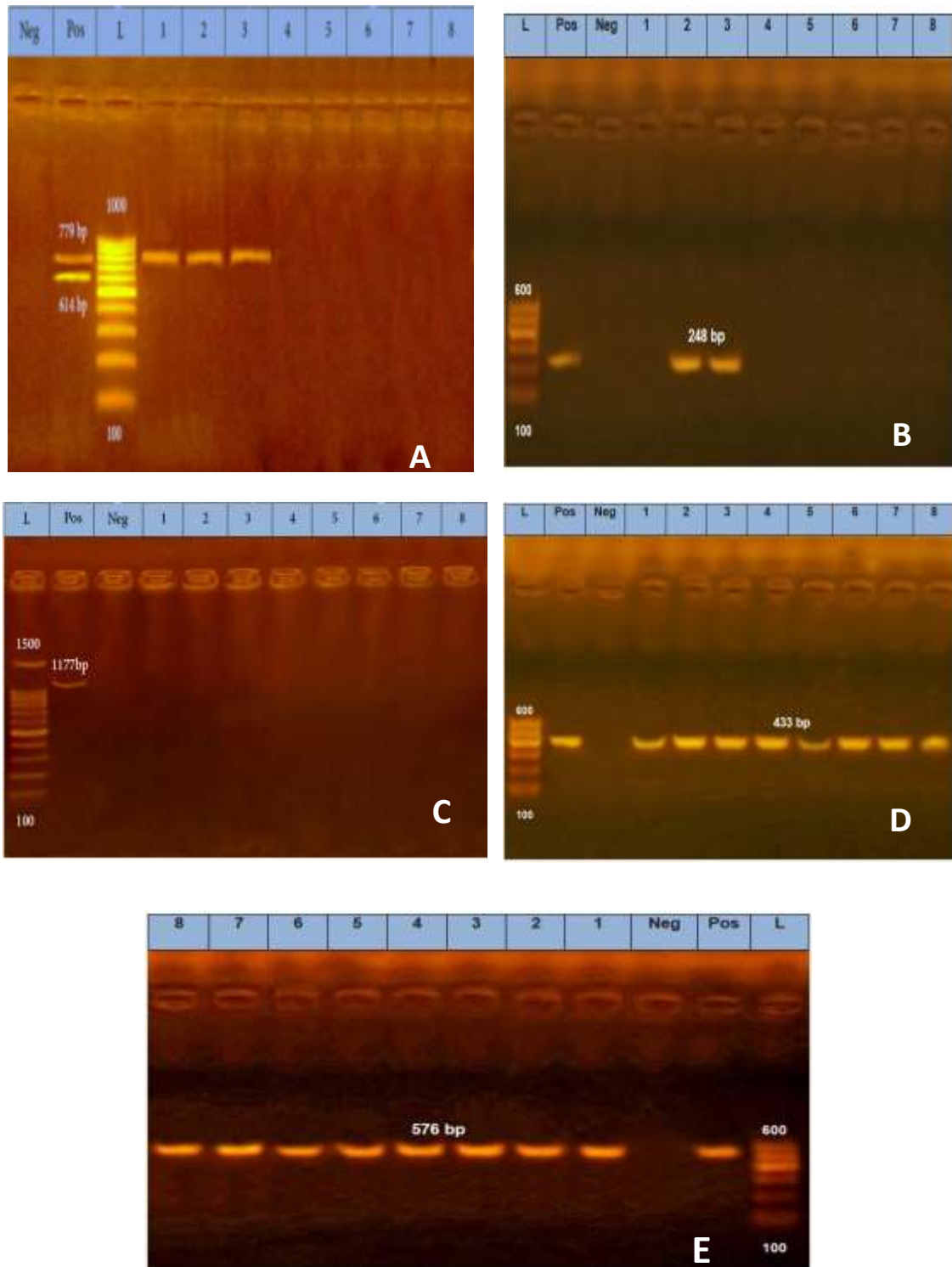


Figure 2: Agarose gel electrophoresis of PCR amplified products of *sxt1* & *sxt2* (A), *eae* (B), and *hly* (C) virulence genes and *sul1* (D), *tetA* (E) resistance genes. Lane L: DNA molecular size marker (100 bp), lanes 1- 8 *E. coli* isolates from quail organs. The size in base pairs (bp) of each PCR product is indicated on the right of the bands.

Table 5: Virulence and antibiotic resistance genes in 8 E. coli isolates.

| Sample number | serogroup | Virulence genes | | | | Antibiotic resistance genes | |
|---------------|-----------|-----------------|------|-----|-----|-----------------------------|-------|
| | | Stx1 | Stx2 | eae | hly | Sul1 | Tet A |
| 1 | O20 | - | - | - | - | + | + |
| 2 | O125 | - | + | + | - | + | + |
| 3 | O55 | - | + | + | - | + | + |
| 4 | O78 | - | + | - | - | + | + |
| 5 | O44 | - | - | - | - | + | + |
| 6 | O114 | - | - | - | - | + | + |
| 7 | O35 | - | - | - | - | + | + |
| 8 | Untyped | - | - | - | - | + | + |

Table 6: The Mortality rate in experimentally infected quail.

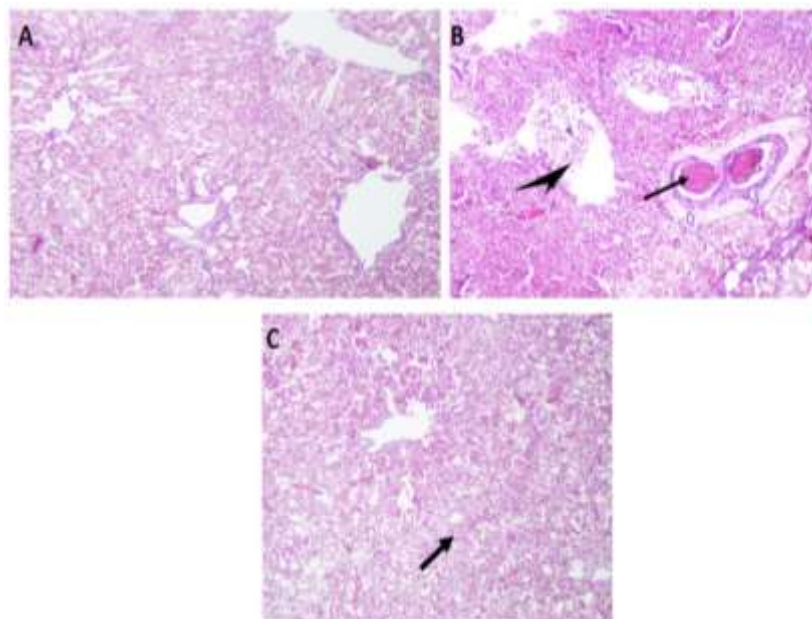
| Experimental group | No. of examined quail | Mortality Weeks PC* | | | Mortality rate% |
|--------------------|-----------------------|---------------------|---|---|-----------------|
| | | 1 | 2 | 3 | |
| GA | 30 | 0 | 0 | 0 | 0% |
| GB | 30 | 6 | 4 | 2 | 40% |
| GC | 30 | 4 | 2 | 1 | 23.33% |

*post challenge

Table 7: Reisolation rate of E. coli from dead and scarified experimentally infected quail.

| Experimental group | Weeks PC *(positive / total examined birds**) | | |
|--------------------|---|-----|-----|
| | 1 | 2 | 3 |
| GA | 0/4 | 0/4 | 0/4 |
| GB | 8/10 | 5/8 | 2/6 |
| GC | 4/8 | 2/6 | 0/5 |

*post challenge ** Dead and scarified birds

**Fig.3:** Photomicrograph of sections from lung of quail stained with H&E X120. (A) Histological picture of lung show normal picture in G1 (control group); (B) Severe congestion, hemorrhage, edema and bronchopneumonia in G2; (C) Mild congestion of pulmonary blood vessels.

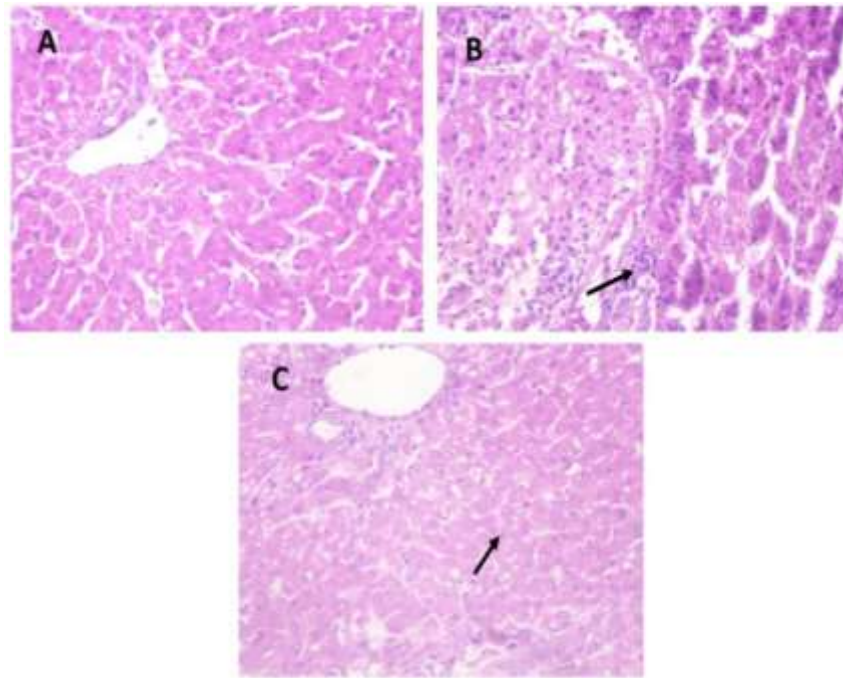


Fig.4: Photomicrograph of sections from liver of quail stained with H&E X400. (A) Histological picture of liver show normal picture in G1 (control group); (B) focal necrotic hepatic parenchyma encircled by fibrous tissue and inflammatory cells in G2; (C) Mild vacuolation of a few hepatic cells.

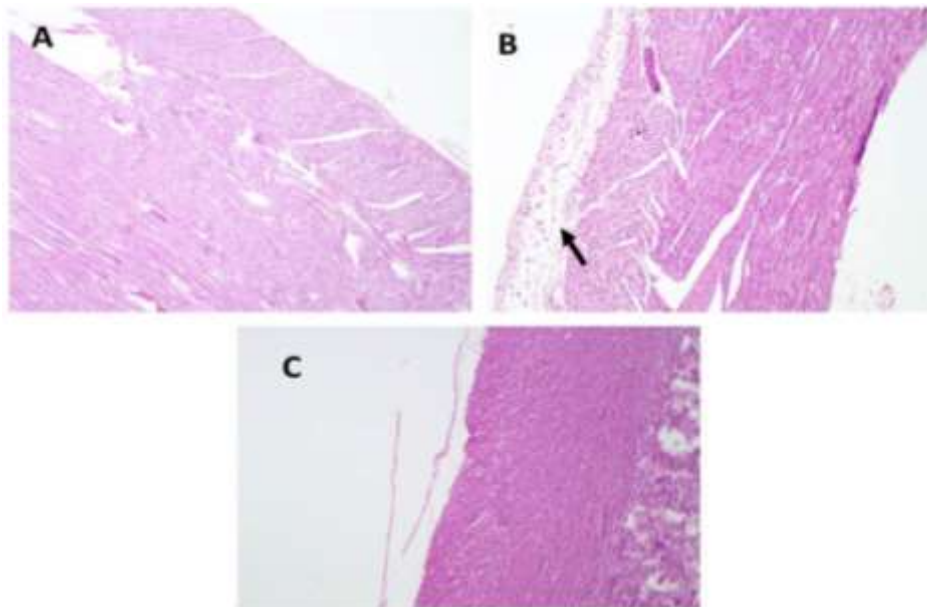


Fig.5: Photomicrograph of sections from heart of quail stained with H&E X100. (A) Histological picture of heart show normal picture in G1 (control group); (B) serofibrinous pericarditis containing extravasated erythrocytes and leukocytes in G2; (C) apparently normal myocardium.

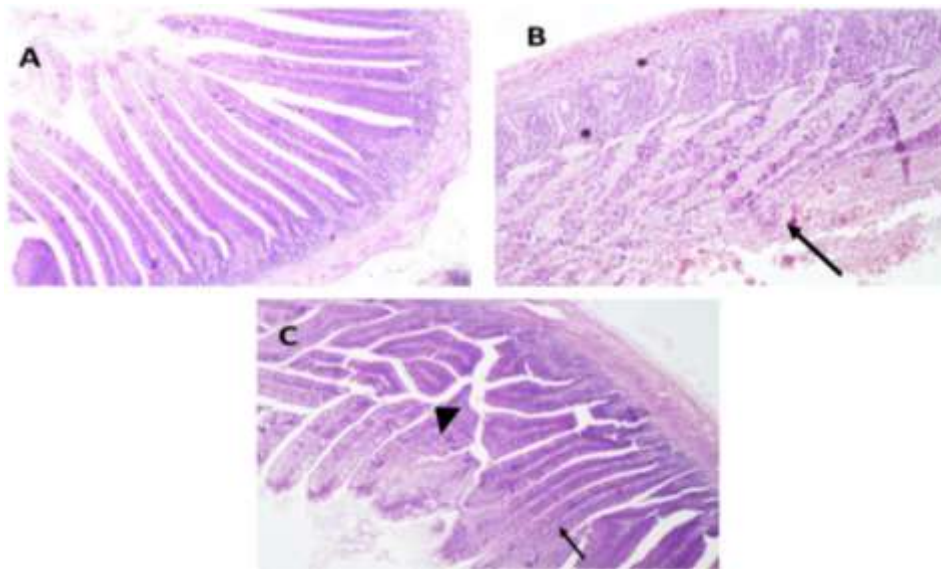


Fig.6: Photomicrograph of sections from intestine of quail stained with H&E X100. (A) Histological picture of intestine show normal picture in G1 (control group); (B) Partial necrosis and sloughing of superficial tips of intestinal villi beside intestinal exudate in G2; (C) Hyperplastic goblet cell and proliferative intestinal crypts.

DISSCUSION

Based on morphological, biochemical and serological characteristics, the overall prevalence of *E. coli* was 20.67% (Table 2). This recovery rate was close to that obtained by Ibrahim (2019) (which was 28%) but higher than that reported by Farghaly *et al.* (2017) (8.3%) and lower than that found by Prihtiyantoro *et al.* (2019) (55.36%). The recovery rate of *E. coli* isolates differs according to the source of the examined samples. Indeed, our results revealed a higher incidence of isolates from freshly dead quails (22.5%) than diseased quails (19%) and healthy quails (20%) (Table 2). Noteworthy, these healthy quails act as asymptomatic carriers for *E. coli* and can be considered a possible source of colibacillosis to humans (Kabir, 2010). These carriers also increase the incidence of antimicrobial-resistant bacteria (Pruden *et al.*, 2013).

Congo red media was used for differentiation between pathogenic (pink/brick red colonies) and nonpathogenic *E. coli* (Singh and Gupta, 2001). The prevalence of the pathogenic strains was 43.01% with the following distribution: 20% from healthy birds, 42.11% diseased birds, and 48.89% recently dead birds (Table 2). Similarly, Azeem Riaz *et al.* (2016) also reported that 40% of avian *E. coli* isolates were Congo red positive. Regarding hemolysis on blood agar, all isolated strains were non-

hemolytic. Similarly, Eid *et al.* (2016) did not find any *E. coli* isolates positive for hemolysis on 5% sheep blood agar.

The recovery rates of the pathogenic *E. coli* from different quail samples were 8%, 13%, 6%, and 11% from heart blood, liver, lung, and intestine, respectively (Fig.1). The dissemination of *E. coli* into these organs agreed with the postmortem lesions including fibrinous perihepatitis, pericarditis, enteritis, and pneumonia. This indicates that *E. coli* can lead to septicemia which subsequently can cause death (Kabir, 2010).

The pathogenic *E. coli* isolates were serotyped into seven O serotypes including O125, O20, O78, O55, O44, O114, and O35 with prevalence rates of 22.5% (9/40), 20% (8/40), 15% (6/40), 12.5% (5/40), 7.5% (3/40), 7.5% (3/40), and 5% (2/40), respectively. The prevalence of the untyped strains was 10% (4/40). Consistent with these findings, other Egyptian researchers also found similar serotypes in diseased quail with a predominance of O125 (Farghaly *et al.*, 2017; Ibrahim, 2019). Other serotypes of *E. coli* such as O9, O42, and O88 were isolated from dead Japanese quails in other countries (Roy *et al.*, 2006).

The misuse of antibiotics in animal farms induced the development of antibiotic-resistant strains that resulted in inefficient control of

bacterial diseases (Darwish *et al.*, 2013). The antimicrobial susceptibility pattern of pathogenic *E. coli* strains (n = 40) isolated from cloacal swabs and internal organs of the examined quail revealed variable results in susceptibility and zones of inhibition to the different antimicrobial drugs which commonly used in quail treatments (Table4, Fig.2). *E. coli* isolates were not 100% sensitive to any of the tested antimicrobial drugs. *E. coli* serotypes showed high sensitivity to neomycin (85%), norfloxacin (80%), and colistin (70%). These results are consistent with those obtained (Farghaly *et al.*, 2017) (Ibrahim *et al.*, 2019) (Ibrahim, 2019). *E. coli* isolates showed high resistance against sulphamethaxole, tetracycline (100% for each) and amoxicilin(75%). These findings were in agreement with (Youssef and Mansour (2014); Farghaly *et al.* (2017)). While another study documented lower resistance rates among *E. coli* isolated from quail against sulfamethoxazole (39.28%), and tetracycline (35%) (Ibrahim, 2019).

Shiga toxins play an important role as virulence factors in the pathogenicity and severity of STEC (Ojo *et al.*, 2010). The presence of *stx1*, *stx2*, *eae*, and *hly* virulence genes was determined by PCR in 8 pathogenic *E. coli* isolates including all detected serotypes. *Stx2* and *eae* genes were detected in (3/8) and in (2/8) of examined isolates. Both virulent genes were detected in isolates 2 and 3. Whereas, none of the 8 isolates contained *stx1* or *hly* gene (Table5, Fig.3). Similarly, Himi *et al.* (2015) also did not find *stx1* in all examined *E. coli* serogroups. However, Prihtiyantoro *et al.* (2019) detected both *sxt1* and *sxt2* in 90% and 10 % of *E. coli* isolated from quails. The *stx2* was detected in O125, O55, and O78 serotypes. Eid *et al.* (2016) also detected *stx2* in the same serotypes isolated from broilers. *Stx2* is 1000 times more cytotoxic than *stx1* and therefore it is associated with many diseases in humans (Mir *et al.*, 2016). We also found another virulent gene, *eae* in O125 and O55 *E. coli* with an incidence rate of 25%. In agreement, Eid *et al.* (2016) also detected *eae* in 33.3% of *E. coli* isolates. Taken together, both O125 and O55 *E. coli* carried the two virulent genes *eae* and *stx2*. Dipineto *et al.* (2014) also detected both genes in *E. coli* isolated from quail. On the other hand, we and Ezzat *et al.* (2018) did not find the *hly* gene in the examined *E. coli* isolates. In contrast, Dutta *et al.* (2011) detected *hly* in 7 *E. coli* strains out of 10 samples (70%).

The possibility of the transmission of antibiotic resistance genes to humans should be considered when agricultural products, particularly chickens, are infected with bacterial strains that are resistant to most antibiotics (Manges *et al.*, 2007). Herein, we detected two antibiotic resistance genes, *tetA*, and *sull1*, among the 8 *E. coli* isolates with a prevalence rate of 100%, for each (Table5, Fig.3). These findings suggest that the results of the antibiotic disk diffusion study were generally compatible with the PCR findings for the identification of the related antibiotic resistance genes. These findings agree with Ammar *et al.* (2015) who detected *sull1* in 100% and Ibrahim *et al.* (2019) who detected *tetA* at an incidence rate of 91.18% among the examined *E. coli* isolates. In contrast, Younis *et al.* (2017) had reported a relatively lower prevalence of these antibiotic resistance genes, *sull1* 87%, and *tetA* 60%, among *E. coli* isolates.

In the present study, O125 and O55 *E. coli* harbored virulence and antibiotic resistance genes. This could explain the severe pathogenicity of these stains and underline the role of quails in transmission of antibiotic resistance bacteria to humans. Previous studies also reported the presence of virulent and antibiotic resistant *E. coli* strains in poultry meat (Ammar *et al.*, 2015; Himi *et al.*, 2015; Eid *et al.*, 2016; Prihtiyantoro *et al.*, 2019; Mousavi *et al.*, 2020).

Experimental infection of quails was conducted to evaluate the pathogenicity of an isolated virulent field strain of *E. coli* (O125 STEC) and to assess the efficacy of neomycin in controlling the adverse effects of colibacillosis. No clinical signs were observed in the uninfected-untreated group (GA) while in infected groups (GB and GC) clinical signs appeared within 48 hours following experimental *E. coli* infection. GB quails showed typical symptoms of *E. coli* O125 similar to those described by Shen-Orr *et al.* (2002), which were depression, loss of appetite, ruffled feather, emaciation, conjunctivitis, rhinitis, and severe watery diarrhea. These symptoms were relieved 3 days post-treatment with neomycin (GC) and clinical signs completely disappeared after 5 to 7 days of treatment. This agreed with the results obtained by Abeer *et al.* (2019). In contrast, the incidence of clinical disease in surviving

infected-untreated birds (GB) was estimated as 20-50%, seven days following infection.

The overall mortality rate was 40% and 23.33% in GB and GC, respectively (Table6). The highest death rate was noticed in GB in the 1st week after the challenge. Post-mortem lesions in dead and sacrificed birds of GB included tracheitis with purulent exudates in the tracheal lumen and bronchi, thoracic and abdominal airsacculitis, hyperemia of the intestinal mucosa, congestion of the liver, and pericarditis. Similar post-mortem lesions recorded by Ameh *et al.* (2011). These multiple lesions in different organs may be attributed to the ability of virulent *E. coli* O125 to penetrate the mucosal barrier of the respiratory tract and circulate in the blood to disseminate throughout the body (Norhan *et al.*, 2014). While neomycin-treated group (GC) exhibited less severe lesions which were completely disappeared on the 7th day of neomycin treatment. However, there were still mild lesions in some organs, which may be due to the long period needed by the inflamed tissues to heal. This result was in agreement with that recorded by Fernandez *et al.* (1998).

No *E. coli* isolates were re-isolated from all quails in GA over the three time points (1st, 2nd, and 3rd-week post-challenge). However, GB had a higher re-isolation rate of *E. coli* (80%, 62.5%, and 33.3%) at the three time points, respectively (Table7). *E. coli* was also recovered from GC but with lower re-isolation rates of 50% and 33.3% at 1st and 2nd w post-challenge. These results agreed with those recorded by Abeer *et al.* (2019). The presence of *E. coli* 2 w post-treatment explained by Toutain *et al.* (2002) who mentioned that infection caused inflammation and production of exudate and other debris, which inhibit penetration of the antibiotic or complete bacterial destruction.

The histopathological changes recorded in the lung, liver, heart, and intestine in the present study came in parallel with that recorded by Ghosh *et al.* (2006), Manimaran *et al.* (2003); Kilany *et al.* (2018) who reported that chicks experimentally infected with *E. coli* showed sloughing in (epithelial lining), infiltration of mononuclear cell and congestion of blood vessels in lung, liver, heart, and intestine. Improvement in the histopathological lesions of examined organs in the treated group was similar to that reported by El-Sawah *et al.* (2018).

CONCLUSIONS

The presence of shiga toxin-producing *E. coli* in quails alarms the public health as quails may serve as a vector for transmission of STEC to the environment and humans. Therefore, eating raw or undercooked quail meat could result in STEC-associated diseases such as foodborne diseases, hemorrhagic diarrhea, hemorrhagic colitis, hemolytic uremic syndrome, or thrombotic thrombocytopenic purpura. Moreover, STEC showed a notable resistance to several antimicrobial drugs that commonly used in poultry production in Egypt. So, further focus has to be given to biosecurity controls in quail farms to minimize infection and subsequently reduce the spread of antibiotic resistance genes between different bacterial populations.

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مدى تواجد عوامل الضراوه والجينات المقاومه للمضادات الحيويه فى الايشيريشيا كولاي المنتجه لسموم الشيجا المعزوله من السمان

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فى هذه الدراسه تم تجميع عدد ٤٥٠ عينه من عدد ١٥٠ سمان عمر ١-٤ اسابيع (٥٠ سليم ظاهريا و ٥٠ مريض و ٥٠ نافق حديثا) تم زرعها على الاوساط الغذائيه المناسبه لعزل ميكروب الايشيريشيا كولاي. وظهرت النتائج تواجد ميكروب الايشيريشيا كولاي بنسبه (٦٧,٢٠%) فى تلك العينات. وقد تم تصنيف عدد سبع مجموعات مصليه وكانت المجموعه المصليه O125 و O20 و O78 الاكثر تواجد. تم اجراء اختبار الحساسيه على عدد من المضادات الحيويه المستخدمه فى علاج السمان وظهرت النتائج ان العترات المعزوله عاليه الحساسيه للنيومايسين بنسبه ٨٥% وونورفلوكساسين ٨٠% والكولستين ٧٠%. بينما اظهرت مقاومه عاليه لكل من السلفاميزاكسول والتتراسيكلين بنسبه ١٠٠% لكل منهما و الاموكسيسيلين ٧٥%. وقد تم اجراء اختبار انزيم البلمره المتسلسل التعددى لثمانيه من المعزولات وظهرت النتائج وجود جينات الضراوه (stx2) فى ثلاث معزولات و (eae) فى معزولتين بينما لم يمكن تحديد وجود جينات (stx1, hly) فى اى من المعزولات. وكذلك اظهرت النتائج تواجد الجينات المقاومه للمضادات الحيويه (su1, tetA) بنسبه ١٠٠% لكليهما فى المعزولات. وتم اجراء عدوى اصطناعيه باستخدام عترة الايشيريشيا كولاي O 125 المعزوله حقليا (عاليه الضراوه ومقاومه لمعظم المضادات الحيويه) لبيان مدى ضراوتها وكفاءه النيومييسين فى علاج داء العصيات القولونيه فى السمان. واثبتت النتائج كفاءه النيومييسين فى معالجه هذا الميكروب فى السمانه و اشارت تلك الدراسه الى وجود الميكروب القولونى الحامل لجينات الشيجا والمقاوم للعديد من المضادات الميكروبيه فى السمان والتي تشكل خطرا على الصحه العامه حيث انها يمكن ان تنتقل من السمان الى البشر. لذلك توصى هذه الدراسه بادخال برامج رقائبيه لمقاومه البكتريا المسببه للأمراض والمقاومه للمضادات الميكروبيه.