



High Rates of Methicillin-Resistant *Staphylococcus aureus* Colonization of Domesticated Swine of Kabale District – Southwestern Uganda

Baguma Andrew^{1,2*}, Atek Atwiine Kagirita³, Owalla Tonny^{1,4} and Bazira Joel²

¹Department of Microbiology, Uganda National Health Laboratories- UNHLs (Formerly Central Public Health Laboratories – CPHL), Ministry of Health, P.O.Box 7272 Kampala, Uganda.

²Department of Microbiology, Faculty of Medicine, Mbarara University of Science and Technology – MUST, P.O.Box 1410, Mbarara, Uganda.

³School of Public Health, College of Health sciences, Makerere University, P.O.Box 7062, Kampala, Uganda.

⁴Division of Infectious Diseases, Med Biotech Laboratories, P.O. Box 9364, Kampala, Uganda.

Authors' contributions

This work was carried out in collaboration between all authors. Author BA designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors AK and OT managed the analyses of the study. Author BJ managed the literature searches. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/JAMB/2018/41085

Editor(s):

(1) S. Pradeep, Jawaharlal Nehru Tropical Botanic Garden & Research Institute, Kerala.

Reviewers:

(1) Syed Umer Jan, University of Balochistan, Pakistan.

(2) İlknur Dağ, Eskisehir Osmangazi University, Turkey.

Complete Peer review History: <http://www.sciencedomain.org/review-history/24547>

Original Research Article

Received 15th February 2018

Accepted 24th April 2018

Published 9th May 2018

ABSTRACT

Background: *S. aureus* is a commensal mammalian pathogen which can establish itself as part of the skin flora. However, can eventually cause infections and invasive diseases in both hospital and community settings. Livestock-associated Methicillin-resistant *S. aureus* remains a major concern to public health. This study investigated the rates of methicillin resistance *S. aureus* (MRSA) colonization and respective antibiotic resistance profiles in domestic pigs in Kabale District - South Western Uganda.

Method: This was a cross-sectional study conducted between June 2016 and February 2017 in which nasal swabs from 585 pigs from 147 homesteads were collected and cultured using standard

*Corresponding author: E-mail: 2014phd004@std.must.ac.ug;

microbial techniques to isolate *S. aureus* and phenotypically screen for MRSA using Cefoxitin disc. MecA polymerase chain reaction (PCR) was used to confirm MRSA. Antimicrobial susceptibility testing was performed using the Kirby Bauer technique to determine antimicrobial susceptibility pattern among MRSA towards the commonly used antibiotics in the region.

Result: From the five hundred and eighty-five (585) pigs, 172 (29.4%) were MRSA. There was high antibiotic resistance among MRSA isolates was observed against Sulfamethoxazole – trimethoprim was 170(99%), Erythromycin; 154(89%), Ciprofloxacin 124(72%), Clindamycin; 121(70%), Tetracycline; 121(70%), Gentamycin; 84(49%), Rifampicin; 40(23%); Cefipime; 40(23%) and Vancomycin; 03(2%).

Conclusion: The observed high rate of MRSA colonization among domestic pigs is of a significant public health concern in Kabale region. A greater number of MRSA isolates were highly resistant to commonly used antibiotics.

Keywords: MRSA; Swine; Uganda.

1. INTRODUCTION

S. aureus is a commensal mammalian pathogen, which establishes itself to the skin as a flora, and eventually causes infections and invasive diseases to both hospital and community settings [1,2]. *S. aureus* is never an absolute commensal since it turns to be pathogenic to man and many homeothermic species [3]. The invasiveness of this species is enhanced by its capacity to produce a complex arsenal of toxins and ability to acquire resistance to multiple antimicrobials [4,5]. *Staphylococcus aureus* acquisition of mobile genetic element, staphylococcal cassette chromosome (SCC*mec*) carrying *mecA* gene which encodes for an altered PBP – PBP2a/PBP2' which results into a high level of resistance to β -lactam antibiotics in MRSA [6]. The expressed protein, which is a transpeptidase, catalyzes cell-wall crosslinking in the face of the challenge by β -lactam antibiotics. This results into a reduced affinity for β -lactam antibiotics and therefore, cell wall biosynthesis in MRSA strains continues even in the presence of otherwise inhibitory levels of β -lactam antibiotics. The activity of this protein is regulated by allostery at a site 60 Å distant from the active site, where crosslinking of cell wall takes place [7]. Methicillin-resistant *S. aureus* (MRSA) is of increasing importance in hospitals [8] the community [9] and livestock farming [10]. To date, livestock-associated MRSA (LA-MRSA) has been found worldwide, particularly among people who are involved with livestock farming [11]. Of particular concern, is the MRSA which causes difficult-to-treat infections leading to increased length hospitalization and mortality [12,13]. The widespread emergence of MRSA has continued to be a serious global public health concern especially in hospitals [14] communities [15] and in animals as livestock-

associated Methicillin-resistant *S. aureus* (LA – MRSA) [16]. Animal-to-human transmission of MRSA have been reported and the high prevalence of MRSA puts the community at high risk to invasive and hard to treat infections [17]. Although there is an increasing level of swine domestication as a source income in Uganda [18,19]. There is no data on colonization of these animals with *S. aureus* including MRSA. This study was conducted to determine the colonization rates of *S. aureus* including MRSA and to determine the resistance patterns of the bacterial strains to the common antibiotics used to treat human infections.

2. MATERIALS AND METHODS

2.1 Sample Collection

This was a cross-sectional study conducted between June 2016 and February 2017 and involved 147 homesteads in Kabale district with domestic pigs. After farmers consented, nasal swabs from 585 pigs were collected using sterile cotton-tipped swabs and transported in Amie's transport medium (Hi-Media, Mumbai) for bacteriological analysis in Microbiology laboratory located at Uganda national health laboratories (UNHLS), formerly Central public health laboratories (CPHL).

2.2 Bacteriological Analysis

This involved immediate inoculation of the swabs into 7.5% NaCl (w/v) in Nutrient broth (NB) (Difco, Detroit, MI) with a slight modification of Chatterjee et al. methodology (20) and incubated overnight for enrichment to *S. aureus*. A discrete colony growth on the NB was sub cultured onto mannitol salt agar (Difco, Detroit, MI) and further incubated aerobically at 37°C for 24 hours.

S.aureus growth was identified as red colonies [21], which were further characterized by catalase, tube coagulase [22,23] and DNase test [24,25] (Hi-Media, Mumbai). API STAPH (bioMerieux, Inc., Durham, NC) was used following manufacturer's instructions [26] to phenotypically confirm *S. aureus*. The isolates were screened for methicillin resistance using Cefoxitin 30 ug disks diffusion techniques as described in the CLSI, 2015 guidelines [27]. To achieve this, a suspension of *S. aureus* isolates equivalent to 0.5 McFarland was inoculated onto Mueller-Hinton agar followed by application of Cefoxitin (30 µg) disk and the inoculated plates were incubated aerobically at 35°C for 18-24 hours. The zone of inhibition diameter around Cefoxitin (30 µg) disk was measured using a Vernier calliper and results recorded and compared with the CLSI, 2015 standards. Any *S. aureus* isolates with zone diameter of ≤ 21 mm was considered to be MRSA while similar isolate with ≥ 22 mm was considered as methicillin sensitive *S.aureus* (MSSA) [27].

2.3 Molecular Testing

Phenotypic MRSA isolates were confirmed by PCR assay to detect *mecA* gene [28]. DNA was extracted from all the phenotypic MRSA previously sub-cultured on brain heart infusion (Difco Laboratories) agar plates as purity plates

and incubated at 37°C, after 24hours. One colony was suspended in 25 µl of sterile distilled water and the suspension was then placed in a 100°C heat block for 15 min according to Pérez-Roth et al. [29]. A 5-µl volume was directly used as a template for PCR amplification. For *MecA*, the following primers were used "MecA F; 5' TCC AAT TAC AAC TTC ACC AGG 3' and "MecA R; 5' CCACTTCATATCTTGTA CG 3'" as described by Simone *et al* (30). PCR products were detected by gel (electrophoresis followed by visualization using UV transilluminator (Fig. 1).

2.4 Antimicrobial Susceptibility Testing

Isolates were tested for their antimicrobial susceptibility by disk diffusion test (31). The drugs tested were those commonly used in the Kabale region and recommended in the Uganda clinical guideline(UGC)(32), including Ciprofloxacin (CIP), chloramphenicol (C), clindamycin (CL), Erythromycin (E), gentamicin (CN), Rifampin (RIF), tetracycline (TE), Sulfamethoxazole - trimethoprim (SXT), Cefaroline and vancomycin (V). A 0.5 McFarland standard suspension of all isolates was prepared and a lawn culture of bacteria seeded on to Mueller-Hinton agar plates (Difco, Detroit, MI) where a panel of antibiotic disks was placed according to Kirby Bauer disk diffusion technique

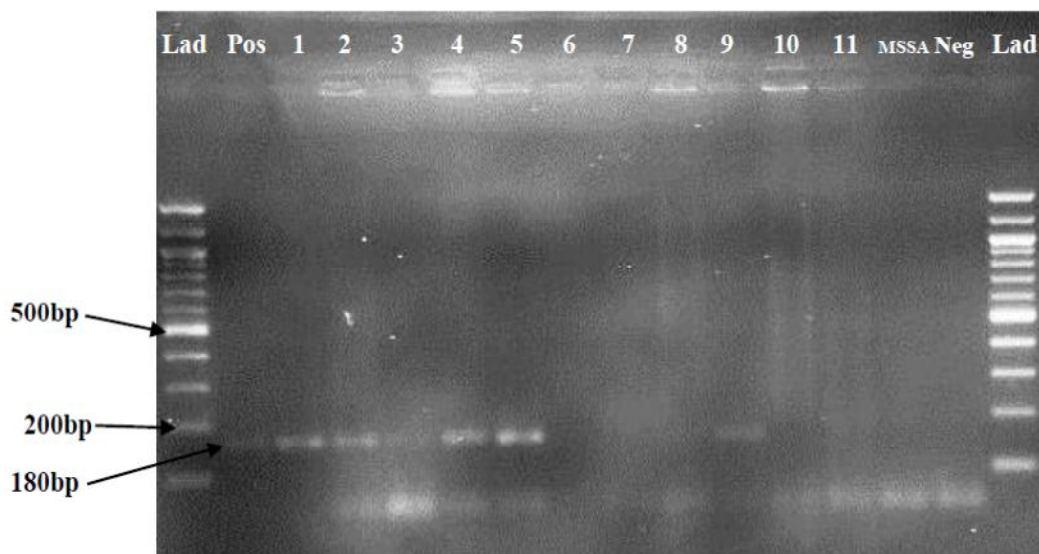


Fig. 1. Results of *mecA* gene PCR where an Amplicon of approximately 180bp was expected. The lad is a 100bp ladder, Lane Pos. contains the Positive control (MRSA ATCC 43300), and Lanes 1, 2,3,4,5, and 9 contain MRSA isolates from swine. Lane 6, 7,8,10 and 11 were MSSA isolates from swine. MSSA contains a Methicillin-Susceptible *S. aureus* strain ATCC 25923, whereas Neg. is the Negative amplification control

following recommendations in the Clinical Laboratory Standard Institute (CLSI 2015)(33) at 37°C [27]. In order to be able to detect inducible clindamycin resistance (iCR), Clindamycin (2 ug) and Erythromycin (15ug) antimicrobial disks (Oxoid™) were positioned at a distance of 15mm (edge to edge) from each other during every run of Kirby Bauer disk diffusion test to determine induced clindamycin resistance among isolates. Resistance pattern was confirmed with VITEK® 2 (BioMerieux France) an automated instrument for identification and antibiotic sensitivity testing [34,35]. Every isolate that was vancomycin resistance by disk diffusion technique, was further suspended to 1.0 McFarland Turbidity Standard (Fisher Scientific, R20411) in 0.85% NaCl – saline (BioMerieux France) and tested using FilmArray Blood Culture Identification Panel following manufacture instruction to confirm the presence of vanA/B -vancomycin-resistance genes [36,37].

2.5 Quality Control

Only in-house prepared media was used in this study, and *S. aureus* (ATCC™ 6538), *S. epidermidis* (ATCC 12228), *Proteus mirabilis* (ATCC 12453), and *Escherichia coli* (ATCC 25922) were used following manufacturer's instructions for every new batch of MSA [38] prepared before use. MSSA (ATCC 25923) and MRSA ATCC 43300 were used as negative and positive controls respectively for every new batch of Mueller-Hinton agar plates (Difco, Detroit, MI) prepared before antibiotic susceptibility testing. All antibiotic used were procured from Oxoid and underwent quality control according to the manufactures instructions.

2.6 Ethics Statement

The Institutional Review committee of Mbarara University of Science and Technology (MUST) and the Uganda National Council of science and technology (UNCST) approved the protocols (Number 13/08 – 15) prior to the initiation of the study. All the farmers consented before the samples were collected from their animals.

3. RESULTS

Of the five hundred and eighty-five (585) pigs that were sampled, 254 (43.4%) were found to be colonized by *S. aureus*. MRSA was confirmed in 172(29.4%) by cefoxitin disk diffusion test and *mecA* gene detection by PCR. As shown in Fig. 2, the MRSA isolates were phenotypically

highly resistant to erythromycin, Cotrimoxazole, ciprofloxacin, clindamycin and tetracycline. Of note, three isolates (1.9%) were resistant to vancomycin. Antibiotic resistance was high among MRSA compared to MSSA isolates (Fig. 2) where the resistance against Sulfamethoxazole – trimethoprim was 170(99%), followed by Erythromycin; 154(89%), Ciprofloxacin 124(72%) and Clindamycin; 121(70), Tetracycline; 121(70%), Gentamycin; 84(49%), Rifampicin; 40(23%); and Cefipime; 40(23%). Of note, 03(2%) of the MRSA isolates were resistant to Vancomycin. However, among the MSSA, there was low antibiotic resistance compared to MRSA (Fig. 2).

4. DISCUSSION

The present study provides novel information about *S. aureus* including MRSA carriage rate among pigs in Kabale district- South Western Uganda. Currently, Pig farming is an important activity that provides local population with an opportunity to generate house hold income [39]. Increasing demand for pork has resulted in fast-growing market for this animal, consequently, many families are acquiring these animals as an income generating venture. However, this might come with public health cost because of the potential to act as a reservoir for drug-resistant human pathogens. The zoonotic spread of MRSA to humans through direct animal contact, environmental contaminations are of great concern [40,41] where such phenomenon could undermine existing MRSA control programs. The close proximity nature of farmers and domestic pigs in their respective homesteads provides high chances of close contact which may result into cross-transmission [6,15,20,42,49]. However, until recent focus has been researching on *S. aureus* in swine neglecting MRSA and its ancestral origin [43] as this may be too costly in resource-limited settings. Consequently, this study, only did a limited molecular analysis to establish *mecA* gene but not phylogenetics and therefore difficult to establish the origin of the colonizing type which would have given insight as to whether it was livestock-associated MRSA or the human type and likely route of transmission.

MRSA colonization has recently been identified in pigs and people that work with pigs, raising concerns about the role of pigs as reservoirs of MRSA for human infection [44,17]. Mounting concerns regarding the occupational and public health implications of MRSA in pigs and other

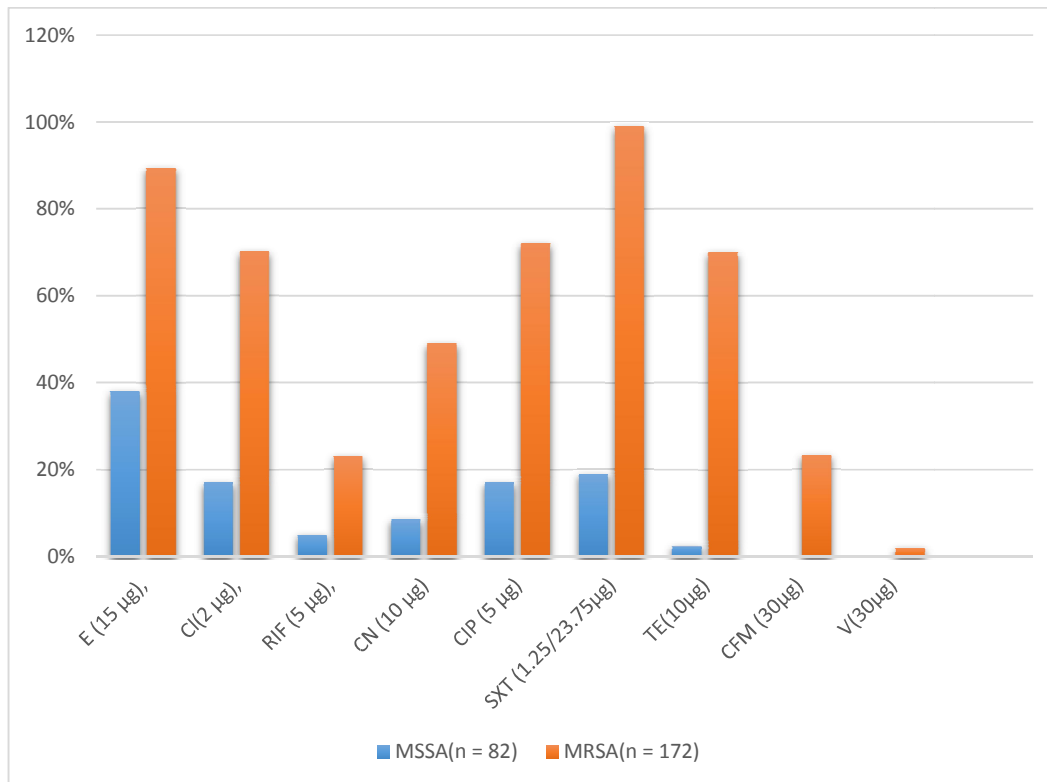


Fig. 2. The resistant pattern of *S. aureus* isolates

Note: n= number; MSSA = Methicillin-susceptible *S. aureus*; MRSA = Methicillin resistance *S. aureus*, S = Sensitive, R =Resistant, E = Erythromycin, CL= Clindamycin, RIF = Rifampicin, CN = Gentamycin, CIP = Ciprofloxacin, SXT = Sulfamethoxazole – trimethoprim, TE = Tetracycline, CFM =Cefipime, V = Vancomycin

livestock populations requires intensive research of MRSA in animals, and particularly pigs which are increasingly reared as a source of income in Uganda. For instance, the colonization rate of 29.4% is alarmingly high, and this is consistent with other studies which demonstrated similar colonization rates of this pathogen in swine population [45,46]. In addition, this also similar to Mroczkowska et al. [47] and Van Cleef et al. [48] who reported carriage of MRSA to be 29% and 30% in Denmark and Thailand respectively. The reasons for this high prevalence are unknown, but might be related to the altered interplay of the host, the microorganism, and the environment. In addition, this may demonstrate the abuse of the antibiotics that are supposed to be used in human but are now freely and generously used in animals [49,50]. The use of antibiotics in livestock farming is routinely described as probably the major contributor to the antimicrobial resistance phenomenon being witnessed today in human medicine [50]. The MRSA prevalence reported in this study is much higher than that previously reported in Dakar –

Senegal, United states (USA) [51] and the Netherlands [52]. However, the prevalence of MRSA in pig herds varies widely (0 to 50%) among European countries [52,53]. The pig herd prevalence of MRSA in North America is uncertain, but appears lower than in many European countries [54]. The prevalence and spread of MRSA in Africa is unclear, in contrast to the rest of the world [55]. However, by Kalule et al. (2014) reported MRSA prevalence rate of 64% among *S.aureus* isolated from pigs in Uganda [56].

Alarmingly, studies about the epidemiology of *S. aureus* and MRSA associated with swine has been remarkably neglected and considerable uncertainty remains regarding MRSA prevalence among pigs in Uganda. The high prevalence of MRSA in the pigs demonstrates a potential public health threat with great risks of zoonotic transmission of the MRSA to humans and vice versa. MRSA strains are always highly resistant to multiple antibiotics [46,57]. The high resistance rate among MRSA towards commonly

used antibiotics (Fig. 2) is of great concern. Today, MRSA isolates often resistant to several antibiotics [58]. Significant resistance was observed in case of Sulfamethoxazole – trimethoprim, erythromycin, Clindamycin, ciprofloxacin, tetracycline and gentamicin. This is probably attributed to prolonged antibiotic usage in animal feeds resulting in enhanced selection pressure [59,60]. Because of the widespread use of antibiotics, especially in developing countries, the resistance profile of MRSA and other microorganisms [61] is changing, evidenced by increasing occurrences of high antibiotic resistance among MRSA populations. Additionally, The high resistance rates observed in this study is consistency with what has been reported in other studies elsewhere [62,63].

Vancomycin is a glycopeptide antibiotic used for the treatment of Gram-positive bacterial infections including MRSA. The appearance of MRSA strains resistant to vancomycin has been perceived as a formidable threat in the therapeutic field, as this antibiotic is traditionally used as a drug of last resort [64]. However, the presence of Vancomycin resistance among of MRSA strains isolated from pigs raises more questions and warrants further investigation.

5. CONCLUSION

There is a very high colonization rate of the swine with *S. aureus* including MRSA which is very resistant to the commonly used human antibiotics. The data from this study showed that MRSA is present in swine population which can serve as a reservoir. The rate of spread of MRSA and its unique ability to acquire antibiotic resistance calls for urgent and well-coordinated surveillance programme to combat this situation.

6. FUNDING

This work was financially funded by German academic exchange (DAAD). Uganda National Health Laboratories – UHNLS was formerly known as Central public health laboratories – CPHL (Ministry of Health – Uganda) and Dr Benon Asiimwe (Associate professor – Makerere University college of health sciences).

COMPETING INTERESTS

There are no competing conflicts of interest concerning this article.

REFERENCES

1. Ojulong J, Mwambu T, Jolobo M. Prevalence of Methicillin-resistant *Staphylococcus aureus* (MRSA) among isolates from surgical site infections in Mulago hospital-Kampala, Uganda. *Tanzan J Health Res.* 2009;11(3):149-53.
2. Jean-Marie Liesse Iyamba, José Mulwahali Wambale, Cyprien Mbundu Lukukula N. za BTK. 1Laboratory. High prevalence of methicillin-resistant staphylococci strains isolated from surgical site infections in Kinshasa. *Pan African Med Journal.* 2014;8688:1–7.
3. Köck R, Becker K, Cookson B, van Gemert-Pijnen JE, Harbarth S, Kluytmans J, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA): The burden of disease and control challenges in Europe. *Euro Surveill.* 2010;15(41): 19688.
4. Gordon RJ, Lowy FD. Pathogenesis of Methicillin-Resistant *Staphylococcus aureus* Infection. 2008;10032(Suppl 5).
5. Stefani S, Ryeon D, Lindsay JA, Friedrich AW, Kearns AM, Westh H, et al. International Journal of Antimicrobial Agents Meticillin-resistant *Staphylococcus aureus* (MRSA): Global epidemiology and harmonisation of typing methods &. *Int J Antimicrob Agents.* 2012;39(4):273–82.
6. Fishovitz J, Hermoso JA, Chang M, Mobashery S. Penicillin-Binding protein 2a of Methicillin-Resistant *Staphylococcus aureus*. *IUBMB Life.* 2014;66(8):572–7.
7. Paterson GK, Harrison EM, Holmes MA. The emergence of mecC methicillin-resistant *Staphylococcus aureus*. *Trends Microbiol [Internet].* 2014;22(1):42–7.
8. Gould IM, David MZ, Esposito S, Garau J, Lina G, Mazzei T, et al. New insights into methicillin-resistant *Staphylococcus aureus* (MRSA) pathogenesis, treatment and resistance. *Int J Antimicrob Agents.* 2012; 39(2):96–104.
9. Vandenesch F, Naimi T, Enright MC, Lina G, Nimmo GR, Heffernan H, et al. Community-acquired methicillin-resistant *Staphylococcus aureus* carrying panton-valentine leukocidin genes: Worldwide emergence. *Emerg Infect Dis.* 2003;9(8): 978–84.
10. Ye X, Fan Y, Wang X, Liu W, Yu H, Zhou J, et al. Livestock-associated methicillin and multidrug-resistant *S. aureus* in humans is associated with occupational

- pig contact, not pet contact. Nat Publ Gr. 2016;15:1–9.
11. Goerge T, Lorenz MB, van Alen S, H??bner NO, Becker KKR. MRSA colonization and infection among persons with occupational livestock exposure in Europe: Prevalence, preventive options and evidence. Vet. Microbiol. 2014;2:41–51
 12. Kejela T, Bacha K. Prevalence and antibiotic susceptibility pattern of methicillin-resistant *Staphylococcus aureus* (MRSA) among primary school children and prisoners in Jimma Town, Southwest Ethiopia. Ann Clin Microbiol Antimicrob. 2013;12(1):11.
 13. Brennan GI, Shore AC, Corcoran S, Tecklenburg S, Coleman DC, O’Connell B. Emergence of hospital- and community-associated panton-valentine leukocidin-positive methicillin - resistant *Staphylococcus aureus* genotype ST772-MRSA-V in Ireland and detailed investigation of an ST772-MRSA-V cluster in a neonatal intensive care unit. J Clin Microbiol. 2012;50(3):841–7.
 14. Mutters NT, Bieber CP, Hauck C, Reiner G, Malek V, Frank U. Comparison of livestock-associated and healthcare-associated MRSA – Genes, Virulence and Resistance. Diagn Microbiol Infect Dis. 2016;86(4):417-421.
 15. Lévesque S, Bourgault AM, Galarnau LA, Moisan D, Doualla-Bell F, Tremblay C. Molecular epidemiology and antimicrobial susceptibility profiles of methicillin-resistant *Staphylococcus aureus* blood culture isolates results of the Quebec Provincial Surveillance Programme. Epidemiol Infect. 2014;1–8.
 16. van Duijkeren E, Hengeveld PD, Albers M, Pluister G, Jacobs P, Heres L, et al. Prevalence of methicillin-resistant *Staphylococcus aureus* carrying mecA or mecC in dairy cattle. Vet Microbiol. 2014;171(3–4):364–7.
 17. Christiane Cuny, Lothar H. Wieler and WW. Livestock-associated methicillin-resistant *Staphylococcus aureus* in pigs - prevalence, risk factors and transmission dynamics. Spec Issue Use Antibiot Food-Producing Anim. 2015;(4):521–43.
 18. Report IPT. Uganda smallholder pigs value chain development : Situation analysis and trends; 2014.
 19. Birhan M, Gemechu T, Betelhem G. Challenges and opportunities of pig farming and feeding strategy in Gondar Town, Ethiopia. 2015;4(2):84–9.
 20. Chatterjee SS, Ray P, Aggarwal A, Das A, Sharma M. A community-based study on nasal carriage of *Staphylococcus aureus*. 2009;742–8.
 21. Kateete DP, Kimani CN, Katabazi FA, Okeng A, Okee MS, Nanteza A, Joloba ML, Najjuka CF. Identification of *Staphylococcus aureus*: DNase and mannitol salt agar improve the efficiency of the tube coagulase test. Annals of Clin. Microbiol and Antimicrobials. 2010;9:23.
 22. Bello CSS, Qahtani A. Pitfalls in the routine diagnosis of *Staphylococcus aureus*. Afr J Biotech. 2006;4(1):83-86.
 23. Broens EM. Livestock-associated methicillin resistant *Staphylococcus aureus* in pigs - prevalence, risk factors and transmission dynamics; 2011.
 24. Bindu D, Chitrleka Saikumar MV. Vinith: Prevalence and antibiotic susceptibility of methicillin resistant *Staphylococcus aureus* isolates in a tertiary care centre. J. Pharm. Sci. & Res. 2017;9(12):2329-2331.
 25. Brian A. Identification of *Staphylococcus* species, *Micrococcus* species and *Rothia* species. J Public Heal Engl. 2014;7(3):1–32.
 26. Kloos WE, Wolfshohl JF. Identification of *Staphylococcus* species with the API Staph-Ident system. J Clin Microbiol. 1982; 16(3):509–16.
 27. Clinical and Laboratory Standard Institute(CLSI): M100-S24 Performance Standards for Antimicrobial; 2014.
 28. General PCR protocol General PCR protocol. 1990;1–5.
 29. Kumurya AS. Detection of *Staphylococcus aureus* -specific gene and simultaneous confirmation of methicillin resistant *Staphylococcus aureus* (MRSA) by polymerase chain reaction. CMJ. 2015; 1(3):88–93.
 30. Souza SG, Campos GB, Oliveira PS, Sousa DS, Silva DCC Da, Santos VM, et al. Virulence Factors in Methicillin-Resistant *Staphylococcus aureus* Isolated from ICU Units in Brazil. 2014;207–15.
 31. Nwankwo EO, Nasiru MS. Antibiotic sensitivity pattern of *Staphylococcus aureus* from clinical isolates in a tertiary health institution in Kano, Northwestern Nigeria. The Pan African Medical Journal. 2011;8:4.
 32. Health M. Uganda clinical guidelines 2010. 4th ed. Health M, First, editors. Kampala:

- Commissioner for Quality Assurance. 2010;112-134.
33. Clinical and Laboratory Standard Institute (CLSI); M100-S24 Performance Standards for Antimicrobial; 2014.
 34. Bradshaw M. Standard operating procedure. Re Vision [Internet]. 2010;3(2): 1–7.
 35. US environmental protection agency office of pesticide. Standard Operating Procedure for VITEK 2 Compact: Use, Maintenance and Quality Control Procedures. 2016;5–13.
 36. Bhatti MM, Boonlayangoor S, Beavis KG, Tesic V. Evaluation of filmarray and verigene systems for rapid identification of positive blood cultures. J Clin Microbiol. 2014;52(9):3433–6.
 37. Use FID. Film Array Blood Culture Identification Panel 1. 2014;259790.
 38. Use I, Of E, Procedure THE, Life S, Control UQ. BD Mannitol Salt Agar. 2013; 1–3.
 39. Ampaire A, Rothschild MF. Pigs, goats and chickens for rural development: Small holder farmer's experience in Uganda. 2010;22(6).
 40. Lipsitch M, Bergstrom CT, Levin BR. The epidemiology of antibiotic resistance in hospitals: Paradoxes and prescriptions. Proc Natl Acad Sci [Internet]. 2000; 15;97(4):1938–43. Available:<http://www.pnas.org/content/97/4/1938.abstract>
 41. KDLG. Kabale municipality statistical abstract. 2012;11-16.
 42. Cuny C, Wieler L, Witte W. Livestock-associated MRSA: The impact on humans. Antibiotics [Internet]. 2015; 4(4):521–43. [Cited 2015 Nov 19]
 43. Osadebe LU, Hanson B, Smith TC, Heimer R. Prevalence and characteristics of *Staphylococcus aureus* in connecticut swine and swine farmers. Zoonoses Public Health. 2013;60(3):234–43.
 44. David MZ, Daum RS. Community-associated methicillin - resistant *Staphylococcus aureus*: Epidemiology and clinical consequences of an emerging epidemic. Clin. Microbiol. Rev. 2010;23: 616–87.
 45. Cuny C, Köck R, Witte W. Livestock associated MRSA (LA-MRSA) and its relevance for humans in Germany. Int J Med Microbiol [Internet]. 2013;303(6–7): 331–7.
 46. Schaumburg F, Mellmann A, Ko M, Jurke A, Becker K, Friedrich AW. *Staphylococcus aureus* (MRSA) as causes of human infection and colonization in Germany. 2013;8(2).
 47. Mroczkowska A, Żmudzki J, Marszałek N, Orczykowska-Kotyła M, Komarowska I, Nowak A, et al. Livestock-associated *Staphylococcus aureus* on Polish pig farms. PLoS One. 2017;12(2).
 48. Van Cleef BAGL, Van Benthem BHB, Verkade EJM, Van Rijen MML, Kluytmans-Van Den Bergh MFQ, Graveland H, et al. Livestock-associated MRSA in household members of pig farmers: Transmission and dynamics of carriage, a prospective cohort study. PLoS One. 2015;10(5).
 49. Phillips I, Casewell M, Cox T, De Groot B, Friis C, Jones R, et al. Does the use of antibiotics in food animals pose a risk to human health? A critical review of published data. J Antimicrob Chemother [Internet]. 2004;53(1):28–52.
 50. Chang Q, Wang W, Regev-Yochay G, Lipsitch M, Hanage WP. Antibiotics in agriculture and the risk to human health: How worried should we be? Evol Appl. 2015;8(3):240–7.
 51. Smith TC, Gebreyes WA, Abley MJ, Harper AL, Forshey BM, Male MJ, et al. Methicillin-resistant *Staphylococcus aureus* in pigs and farm workers on conventional and antibiotic-free swine farms in the USA. PLoS One [Internet]. 2013;8(5):e63704. [Cited 2014 Oct 9]
 52. Neeling AJ De, Broek MJM Van Den, Spalburg EC. High prevalence of methicillin resistant *Staphylococcus aureus* in pigs. 2007;122:366–72.
 53. Faccioli-martins PY. MRSA Epidemiology in Animals; 2011.
 54. Otto M. MRSA virulence and spread. Cell Microbiol [Internet]. 2012;14(10):1513–21. [Cited 2015 Oct 15]
 55. Schaumburg F, Alabi AS, Peters G, Becker K. New epidemiology of *Staphylococcus aureus* infection in Africa. Clin Microbiol Infect. 2014;20(7):589–96.
 56. Uganda Nation Academy of Science. Antibiotic resistance in Uganda: Situational Analysis and recommendations [Internet]. 2015;82.
 57. Rodríguez-Noriega E, Seas C, Guzmán-Blanco M, Mejía C, Alvarez C, Bavestrello L, et al. Evolution of methicillin-resistant *Staphylococcus aureus* clones in Latin America. Int J Infect Dis. 2010;14(7):560–

- 6.
58. Rahimi F, Bouzari M, Katouli M, Pourshafie MR. Antibiotic resistance pattern of methicillin resistant and methicillin sensitive *Staphylococcus aureus* isolates in Tehran, Iran. Jundishapur J Microbiol. 2013;6(2):144–9.
59. Carlson MS, Fangman TJ. Swine Antibiotics and Feed Additives: Food Safety Consideration. Univ Missouri-Columbia; 2000.
60. Diana A, Manzanilla EG, Calderón Díaz JA, Leonard FC, Boyle LA. Correction: Do weaner pigs need in-feed antibiotics to ensure good health and welfare? PLoS One. 2017;12(12):1–15.
61. Brown PD, Ngeno C. Antimicrobial resistance in clinical isolates of *Staphylococcus aureus* from hospital and community sources in southern Jamaica. Int J Infect Dis. 2007;11(3):220–5.
62. Hiramatsu K, Katayama Y, Matsuo M, Sasaki T, Morimoto Y, Sekiguchi A, et al. Multi-drug-resistant *Staphylococcus aureus* and future chemotherapy. J Infect Chemother [Internet]. 2014;20(10):593–601.
63. Jayaweera JAAS, Kumbukgolla WW. Antibiotic resistance patterns of methicillin-resistant *Staphylococcus aureus* (MRSA) isolated from livestock and associated farmers in Anuradhapura, Sri Lanka. Germs [Internet]. 2017;7(3):132–9.
64. Adhikari R, Pant ND, Neupane S, Neupane M, Bhattarai R, Bhatta S, et al. Detection of methicillin resistant *Staphylococcus aureus* and determination of minimum inhibitory concentration of vancomycin for *Staphylococcus aureus* isolated from pus / wound swab samples of the patients attending a Tertiary Care Hospital in Kathmandu. Can J Inf Dis Micro. 2017;1–6.

© 2018 Andrew et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<http://www.sciencedomain.org/review-history/24547>