

Sociodemographic Risk Factors for Dermal Infections with Methicillin Sensitive and Methicillin Resistant *Staphylococcus aureus* among Sheep Breeders in Diyala Governorate , Iraq

Zainab Bressam Fajer (DVM)¹ , Ali Ibrahim Ali Al-Ezzy (PhD)² ,
Ahmed H AL-Zuhairi (PhD)³
^{1,2,3} College of Veterinary Medicine, University of Diyala , Diyala , Iraq

Abstract

OPEN ACCESS

Correspondence Address: Ali Ibrahim Ali Al-Ezzy

College of Veterinary Medicine, University of Diyala , Diyala , Iraq

Email: alizziibrahim@gmail.com

Copyright: ©Authors, 2023, College of Medicine, University of Diyala. This is an open access article under the [CC BY 4.0](http://creativecommons.org/licenses/by/4.0/) license

(<http://creativecommons.org/licenses/by/4.0/>)

Website:

<https://djm.uodiyala.edu.iq/index.php/djm>

Received: 12 September 2022

Accepted: 21 September 2022

Published: 5 April 2023

Background: *Staphylococcus aureus* is one of the dominant pathogen among skin infections in human and animals.

Objective: To isolation and identification of *S.aureus* from sheep breeders by traditional method &Automated Vitek 2 system ,Detection of methicillin resistant gene (*mecA*) by conventional PCR. Evaluation of relationship between *S.aureus* in-fection and possible risk factors in human (age, sex, education level, economic statue, hospitalization in last four weeks contact with sheep skin lesions, and contact with pets).

Patients and Methods: A total of 44 skin swaps collected from sheep breeders suffered from variety of infected skin lesions (wounds, abscesses, atopic dermatitis, acne, chronic skin diseases etc.) recording; sex, age, education level, economic statue, hospitaliza-tion in last four weeks, contact with sheep skin lesions, and contact with pets to detect *S. aureus*, MRSA and estimating the risk factors, by employing traditional laboratories methods in addition to confirmatory techniques by VETEK2 sys-tem and PCR, using specific primers (Staur 4, 6), MRSA gene primers (*mecA*).

Results: Methicillin sensitive *S. aureus* was reported in 34.09% versus40% for MRSA among sheep breeders. Significant correlation reported between age groups and MRSA infections. Although, the rate of infection with methicillin sensitive *S. aureus* and MRSA was higher among males compared with females , no signifi-cant correlation reported between sex and infection with methicillin sensitive *S. aureus* and MRSA. Female breeders were at high risk for getting dermal MRSA infections compared with males. No significant correlation between the educa-tion level, economic status, contact with pets and methicillin sensitive *S. aure-us* , MRSA infections as Risk factors. Methicillin sensitive *S. aureus* infections among breeders significantly correlated with hospitalization in last four weeks .Significant correlation reported between contact with skin lesions of sheep and methicillin sensitive *S. aureus* , MRSA infections among breeders.

Conclusion: Methicillin resistant trait was common among *S.aureus* isolated from sheep breeders .MRSA infections correlated with age. Female sheep breeders were at high risk for getting *S.aureus* and MRSA infections. Sex , education level, eco-nomic status, contact with pet play no role in infection with *S.aureus*. hospitali-zation in last four weeks, contact with skin lesions correlated significantly with *S. aureus*, MRSA infections among breeders.

Keywords: *S. aureus*, skin, sheep breeders, risk factors

Introduction

Since 1880 when Alexander Ogston, microscopically obtained a groups of bacteria in sur-gical wound pus, named it Staphylococcus due to its appearance, later in 1884, Rosen-bach distinguished over golden pigmentation colonies (aureus) as genus type[1] ,Coccids Gram-positive cluster-forming, spherical cell 0.5-1 micrometer diameter, non-motile, non-spore forming, glucose and mannitol fermenter, produce catalase and coagulase, smooth yellow colonies; aerobically or anaerobically (facultative), able to grow at 15-45 C, even at NaCl salt concentration 15%, able to stay alive over dry atmosphere from days to seasons [2] , belongs to the Phylum; firmicutes, Family; Staphylococcaceae, Class; Bacilli close genetically relatives, genus; Bacillus, same level of family Listeriaceae which is also a nearby family [3] ,While MRSA is strain; natively unlike via methicillin compounds re-sistant, developed genetically or picked up horizontally by biomarker gene transfer, lead-ing to several difficulty in treating infections with methicillin antibiotic groups [4].

Emergence MRSA have been reported in livestock also, where three different types termed; (HA-MRSA), (CA-MRSA) and (LA-MRSA), those infections have gained importance due to limitation of treatment possibilities against highly zoonotic MRSA [5], cross-species infections between humans

and animals were documented for certain strains of MRSA too [6]”.

MRSA was registered in numerous locations of the planet as probable causes life threat-ing, septicemia forming, bone and cardiac disorders in mankind, while wildlife might playing potential role to infect accompanier human [7], particularly, emergence increasing occurrences of LA-MRSA in hospitals and aggressive infections in humans [8-10].

Current study was designed for isolation and identification of *S.aureus* from sheep breeders by traditional method &Automated Vitek 2 system ,Detection of methicillin resistant gene (*mecA*) by conventional PCR. Evaluation of relationship between *S.aureus* infection and possible risk factors in human (age, sex, education level, economic statue, hospitalization in last four weeks contact with sheep skin lesions, and contact with pets).

Patients and Methods

Study Area And Study Population

This study was conducted on sheep breeders living in south east distracts of Diyala gov-ernorate (Baladruze, Baqubah, Kanaan and Buhruz - 33°45'34.71"N;44°36'23.97"E ,Northeast [11-16].

Collection of Samples

A total of 44 skin swap samples collected from sheep breeders suffering from variety

of skin infections then sent to laboratory for initial isolate on mannitol salt agar for 18-24h and golden yellow colonies were selected for further investigation; (Gram staining, Ni-grosin capsule staining, catalase test,

coagulase test, DNase), identified *S. aureus* and (MRSA) through Vitek2 System and PCR Which applied for detection of *S. aureus* us-ing the specific primer(Staur 4, 6).

Molecular Diagnosis for *S. aureus*

Conventional PCR was applied, for detection of *S. aureus* by specific primer

Staur 4	5'- ACGGAGTTAC AAA GG ACG AC-3'
Staur 6	5'-AGCTCAGCCTT AACGAGT A C-3'

Detection of MRSA: A biomarker *mecA* primer used for (MRSA) detection

Methicillin Resistant Gene A(<i>mecA</i>)	<i>mecA</i> -F	162bp	5- TCCAGATTACAACCTTCACCAGG-3
	<i>mecA</i> -R		3-CCACTTCATATCTTGTAACG-5

Statistical Analysis

Calculation down by the Statistical Package of the Social Sciences for windows version 17 (SPSS, Armonk, NY: IBM Corp) [28, 29]. Pearson's chi-square and Pearson's correlation coefficient was utilized for the correlation between the changeable of 2 test. P value of ≤ 0.05 and ≤ 0.01 (2-tailed) were set to be statistically important [30, 31].

Results

Among 44 sheep breeders submitted in this study whom suffered from different skin diseases, *S. aureus* involved among 15 of them rated (34.09%) of collected samples from skin lesion which grew positively on mannitol salt agar, confirmed by Vitek 2 system and conventional PCR by using *S. aureus* 23s RNA gene sequence specific primer (staur 4 and staur 6) as shown in Figure (1), while a total of 6/15, (40%) were (MRSA), represents (13.63%) of total samples according to methicillin resistance on Muller Hinton medium and results of conventional PCR by using *S. aureus* (*mecA* gene) as shown in Figure (2), Table (1) Show *S. aureus* infections were concentrated at the

age group (11-20) years, (11.36%) and (51-60) years, (13.63%), still MRSA was concentrated at old ages (51-60) years, (11.36%) and (61-70years), (2.27%). No significant difference ($\chi^2=25.827$; p value =0.583), neither correlation ($R=0.196$; p value =0.203) were reported amongst age groups via *S. aureus* infections in sheep breeders, but Significant positive correlation ($R=0.441$; p-value =0.003) were reported amongst age groups of MRSA infections among sheep breeders.

As shown in Table (2) *S. aureus* and MRSA infections were concentrated among males 13/44, (29.54%) versus 5/44, (11.36%), while females infection with *S. aureus* represent only 2/44 (4.54%) versus 1/44, (2.27%) with MRSA, No significant difference ($\chi^2=0.002$; p value =0.966), neither correlation ($R=-0.006$; p-value =0.967) were reported amongst sex via *S. aureus* infections among breeder. Neither significant difference ($\chi^2=0.002$; p value =0.816), nor correlation ($R=-0.035$; p-value =0.821) reported mid sex via MRSA breeder infections.

Table (1): Correlation between Isolation Rate of *S. aureus*, MRSA and age of Sheep Breeders

Age	Type of isolates from skin lesions of sheep breeders			
	<i>S. aureus</i>		MRSA	
	Positive (%)	Negative (%)	Positive (%)	Negative (%)
11-20	5(11.36%)	9(20.45%)	0(0%)	14(31.81%)
21-30	1(2.27%)	5(11.36%)	0(0%)	6(13.62%)
31-40	0(0%)	4(9.09%)	0(0%)	4(9.09%)
41-50	0(0%)	3(6.81%)	0(0%)	3(6.81%)
51-60	6(13.63%)	6(13.63%)	5(11.36%)	7(15.90%)
61-70	3(6.81%)	2(4.54%)	1(2.27%)	4(9.09%)
Total	15(34.09%)	29(65.90%)	13(34.09%)	38(86.36%)
χ^2	25.827		29.848	
P value	0.583		0.371	
R	0.196		0.441	
P value	0.203		0.003	

Table (2): Correlation between isolation rates of *S. aureus*, MRSA and Sex of Breeders

Sex	Type Of Isolates From Skin Lesions Of Sheep Breeders				
	<i>S. aureus</i>		MRSA		Total
	Positive	Negative	Positive	Negative	
Female	2(4.54%)	4(9.09%)	1(2.27%)	5(11.36%)	6(13.62%)
Male	13(29.54%)	25(56.81%)	5(11.36%)	33(75%)	38(86.36%)
Total	15(34.09%)	29(65.90%)	6(13.62%)	38(86.36%)	44(100%)
χ^2	0.002		0.054		
P value	0.966		0.816		
R	0.006		-0.035		
P value	0.967		0.821		

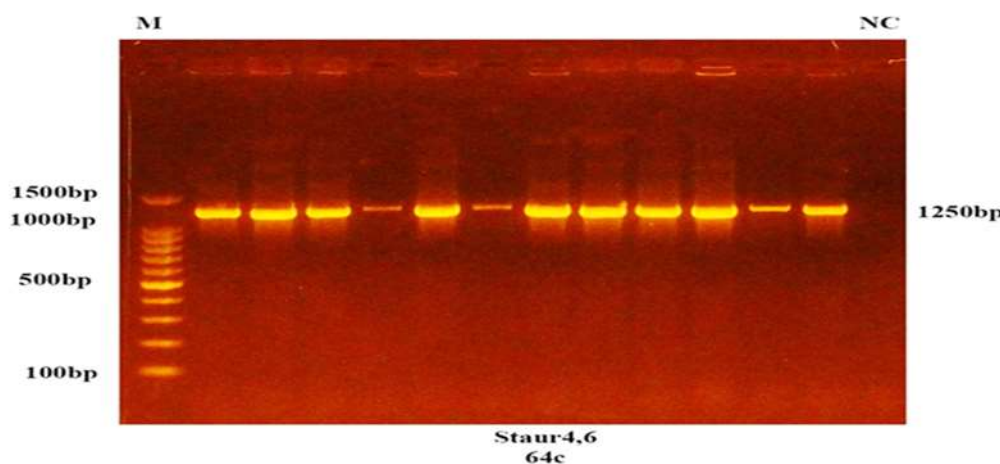


Figure (1): Amplification for staur primers staur 4&6 (1250bp) by conventional PCR for *S. aureus* recovered from skin lesions of sheep breeder. NC: Negative control

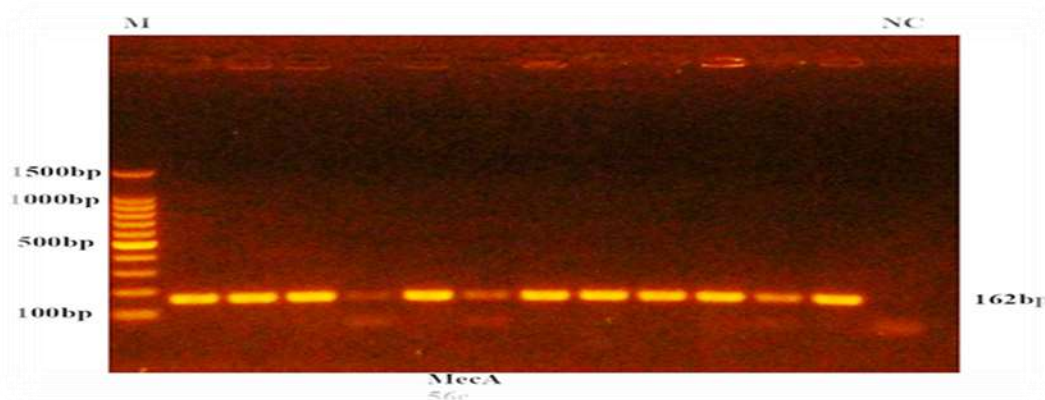


Figure (2): Amplification MecA (162bp) by conventional PCR for *S. aureus* recovered from skin lesions of sheep breeder. NC: Negative control

Risk factors for infection with *S. aureus* and MRSA among sheep breeders

A-Sex

As shown in Table (3), the probability of female infection with *S. aureus* (odds ratio) was (1.042) time greater than males. The risk estimate for male to get infection with *S. aureus* was (0.995) time compared with (1.034) for females. The probability of female infection with MRSA or (odds ratio) was (0.758) time greater than males, the risk estimate for male to get infection with MRSA was (1.042) time compared with (0.789) for females.

B-Education level

As shown in Table (4), *S. aureus* and MRSA infections were concentrated among primary educated sheep breeders 9/44, (20.45%) versus 3/44, (6.81%), while breeders with secondary education have infection with *S. aureus* represent only 3/44 (6.81%) versus 2/44, (4.54%) with MRSA. Neither significant difference ($\chi^2=0.783$; p value =0.376), nor correlation ($R=-0.133$; p-value =0.388) were reported between education level and *S. aureus* infections among breeders, neither significant difference ($\chi^2=0.054$; p value =0.816), non-

correlation ($R=-0.035$; p-value =0.821) were reported between education level and MRSA infections among breeders.

The probability of (illiterate / educated) to get infected with *S. aureus* or (odds ratio) was (0.462) time, the probability of (illiterate / educated) infection with MRSA or (odds ratio) was (0.758) time. The risk estimate for illiterate to get infection with *S. aureus* was (0.517) time compared with (1.121) for educated sheep breeders, the risk estimate for illiterate to get infection with MRSA was (0.789) time compared with (1.042) for educated.

C-Economic status

As shown in Table (5), *S. aureus* and MRSA infections were concentrated among breeders with middle economic status 8/44, (18.18%) versus 4/44, (9.09%), while sheep breeders with low economic status have infection with *S. aureus* represent only 7/44, (15.90%) versus 2/44, (4.54%) with MRSA, Neither significant difference ($\chi^2=0.013$; p value =0.908), nor correlation ($R=-0.018$; p-value =0.910) reported amid economic status via *S. aureus* infections of breeders. Neither significant difference ($\chi^2=0.412$; p value =0.521), nor correlation ($R=-0.097$; p-value

=0.532) were reported amid economic status via MRSA infections of sheep breeders, the probability of (low / Middle) Economic status to get infected with *S. aureus* or (odds ratio) was (0.929) time, the risk estimate for low to get infection with *S. aureus* was (0.961) time compared with (1.034) for middle Economic status among sheep breeders, the probability of (low /Middle) Economic status to get infected, with MRSA or (odds ratio) was (1.800) time, the risk estimate for low to get infection with MRSA was (1.421) time compared with (0.789) for middle Economic status among sheep breeders.

D-Hospitalization in Last four Weeks

As shown in Table (6), *S. aureus* infections were reported among breeders whom hospitalized last four weeks 6/44, (13.63%) versus 9/44, (20.45%) have positive infection without hospitalization in last 4 weeks. MRSA infections were reported among breeders whom hospitalized in last four weeks 4/44, (9.09%) versus 2/44, (4.54%) have positive infection without hospitalization in last four weeks. Significant difference ($\chi^2 = 4.051$; p value = 0.044) and correlation (R = 0.303; p value = 0.045) were reported between hospitalization in last four weeks and *S. aureus* infections among sheep breeders. Neither significant difference ($\chi^2=2.353$; p value =0.125), neither correlation (R= 0.231; p-value =0.131) were reported between hospitalization in last four weeks and MRSA infections among sheep breeders. The probability of skin lesions of sheep breeders which hospitalized in last four weeks (odds ratio) and the estimated risk for infection with *S. aureus* among sheep breeders was not detected statistically. The

risk estimate for infection with *S. aureus* among sheep breeders that did not hospitalized in last four weeks was(1.154) time. The probability of skin lesions of sheep breeders which hospitalized in last four weeks (odds ratio) was (7.400). The estimated risk for infection with MRSA among sheep breeders which hospitalized in last four weeks was (0.158). While the risk estimate for infection with MRSA among sheep breeders that did not hospitalized in last four weeks was (1.168) time.

E-Contact with skin lesions of sheep

As shown in Table (7), *S. aureus* infections were reported among sheep breeders whom contacted with skin lesion of sheep 14/44, (31.81%) versus 1/44, (2.27%) have positive infection without contact with skin lesion of sheep, Significant difference ($\chi^2= 9.811$; P value = 0.002) and correlation (R = 0.472; P value = 0.001) were reported amid contacted with sheep skin lesions via *S. aureus* infections within sheep breeders. The probability of skin lesions of sheep infected with *S. aureus* or (odds ratio) was (17.231) time, risk estimate for contact with skin lesions of sheep infected with *S. aureus* among sheep breeders was (0.113) time compared with (0.480) for risk estimate for sheep to infect s with *S. aureus* from human source . As shown in Table (8) MRSA infections were reported among sheep breeders which contacted with skin lesion of sheep 3/44, (6.81%) versus 3/44, (6.81%) have positive infection without contact with skin lesion of sheep .The probability of skin lesions of sheep infected with *S. aureus* or (odds ratio) was (17.231) time, risk estimate for contact with skin lesions of sheep infected with *S. aureus* among sheep breeders was

(0.113) time compared with (0.480) for risk estimate for sheep to infect s with *S. aureus* from human source . As shown in Table (8) MRSA infections were reported among sheep breeders which contacted with skin lesion of sheep 3/44, (6.81%) versus 3/44, (6.81%) have positive infection without contact with skin lesion of sheep.. Significant difference ($\chi^2=4.728$; P value = 0.003) and correlation (R = 0.328; P = 0.03) were report-ed in the middle of contact with skin lesions of sheep and MRSA infections among sheep breeders, the probability of skin lesions of sheep infected with MRSA or (odds ratio) was (6.600) time, the risk estimate for contact with skin lesions of sheep infected with MRSA among sheep breeders was (0.263) time compared with (0.222) for risk estimate for sheep to infect s with MRSA from human source.

F. Contact with pets

As shown in Table (9), *S. aureus* infections were reported among sheep breeders which Contact with pets 13/44, (29.54%) versus 2 /44, (4.54%) have positive infection without Contact with pets. All MRSA infections were reported among sheep

breeders whom Contact with pets, 6/44, (13.63%), Neither Significant difference ($\chi^2=0.360$; p value =0.549) neither correlation (R= 0.090; p-value =0.559) were reported amongst Contact with pets via *S. aureus* infections on sheep breeders. Neither Significant difference ($\chi^2=1.544$; p value =0.214), nor correlation (R= 0.187; p-value =0.223) were reported among Contact with pets and MRSA infections of sheep breeders. The probability of skin lesions of sheep breeders whom Contact with pets (odds ratio) was (1.696) and the esti-mated risk for infection with *S. aureus* among sheep breeders was (0.915).The risk esti-mate for infection with *S. aureus* among sheep breeders that did not contact with pets was (1.552) time. The probability of skin lesions of sheep breeders whom Contact with pets (odds ratio) was (3.6230) and the estimated risk for infection with MRSA among sheep breeders which Contact with pets was (0.789).

Table (3): Sex of Sheep Breeders as a risk factor for infection with *S. aureus* and MRSA

Type Of Isolates From Skin Lesions Of Sheep Breeders					
Sex	<i>S. aureus</i>		MRSA		
	Positive	Negative	Positive	Negative	Total
Female	2(4.54%)	4(9.09%)	1(2.27%)	5(11.36%)	6(13.62%)
Male	13(29.54%)	25(56.81%)	5(11.36%)	33(75%)	38(86.36%)
Total	15(34.09%)	29(65.90%)	6(13.62%)	38(86.36%)	44(100%)
Odds ratio for sex (Female/Male)	Value	95% CI	Value	95% CI	
	1.042	0.168-6.450	0.758	0.073 - 7.896	
Risk estimate for male	0.995	0.778-1.272	1.042	0.714 - 1.522	
Risk estimate for female	1.034	0.213-5.016	0.789	0.110 - 5.643	

Table (4): Education level of Sheep breeders as a risk factor of infection with *S. aureus*, MRSA

Type of Isolates From Skin Lesions of Sheep Breeders					
Education level	<i>S. aureus</i>		MRSA		
	Positive	Negative	Positive	Negative	Total
Illiterate	3(6.81%)	3(6.81%)	1(2.27%)	5(11.36%)	6(13.63%)
Primary	9(20.45%)	18(40.90%)	3(6.81%)	24(54.54%)	27(61.36%)
Secondary	3(6.81%)	8(18.18%)	2(4.54%)	9(20.45%)	11(25%)
Total	15(34.09%)	29(65.90%)	6(13.63%)	38(86.36%)	44(100%)
X2	0.783		0.054		
P value	0.376		0.816		
R	-0.133		-0.035		
P value	0.388		0.821		
Odds ratio for education (illiterate / educated)	Value	95% CI	Value	95% CI	
	0.462	0.81-2.63	0.758	0.73-7.896	
Risk estimate for illiterate	0.517	0.118-2.258	0.789	0.110-5.643	
Risk estimate for educated	1.121	0.846-1.485	1.042	0.714-1.522	

Table (5): Economic status of Sheep Breeders as risk factor for *S. aureus* and MRSA infections

Type Of Isolates From Skin Lesions Of Sheep Breeders					
Economic status	<i>S. aureus</i>		MRSA		
	Positive	Negative	Positive	Negative	Total
Low	7(15.90%)	13(29.54%)	2(4.54%)	18(40.90%)	20(45.45%)
Middle	8(18.18%)	16(36.36%)	4(9.09%)	20(45.45%)	24(54.54%)
High	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Total	15(34.09%)	29(65.90%)	6(13.63%)	38(86.36%)	44(100%)
X2	0.013		0.412		
P value	0.908		0.521		
R	-0.018		0.097		
P value	0.910		0.532		
Odds ratio for economic status (Low / Middle)	Value	95% CI	Value	95% CI	
	0.929	0.226-3.244	1.800	0.294-11.031	
Risk estimate for Low economic status	0.961	0.489- 1.887	1.421	0.437-4.625	
Risk estimate for middle economic status	1.034	0.582-1.840	0.789	0.416- 1.499	

Table (6): Hospitalization in Last four Weeks as a risk factor for *S. aureus* and MRSA infection among sheep breeders

Type Of Isolates From Skin Lesions Of Sheep Breeders					
Hospitalization In Last 4 Weeks	<i>S. aureus</i>		MRSA		
	Positive	Negative	Positive	Negative	Total
Yes	6(13.63%)	6(13.63%)	4(9.09%)	8(18.18%)	6(13.63%)
No	9(20.45%)	23(52.27%)	2(4.54%)	30(68.18%)	38(86.36%)
Total	15(34.09%)	29(65.90%)	6(13.63%)	38(86.36%)	44(100%)
X2	4.051		2.353		
P value	0.044		0.125		
R	0.303		0.231		
P value	0.045		0.131		
Odds Ratio for Hospitalization In Last 4 Weeks	Value	95% CI	Value	95% CI	
	ND		7.400	0.397-137.879	
Risk estimate for yes Hospitalization In Last 4 Weeks	ND		0.158	0.011- 2.201	
Risk estimate for No Hospitalization In Last 4 Weeks	1.154	0.946- 1.407	1.168	0.814- 1.677	

Table (7): Contact with Sheep skin lesions as risk factor for *S. aureus* infection among breeders

Type Of Isolates		<i>S. aureus</i> from skin lesion of Human		Total
		No	Yes	
<i>S. aureus</i> from skin lesion of sheep	Negative	16(36.36%)	1(2.27%)	17(38.63%)
	Positive	13(29.54%)	14(31.81%)	27(61.36%)
Total		29(65.90%)	15(34.09%)	44(100%)
X2		9.811		
P Value		0.002		
R		0.472		
P Value		0.001		
Odds Ratio for <i>S. aureus</i> to infect sheep (negative / positive)		Value	CI 95%	
		17.231	1.994- 148.921	
Risk estimate for sheep to infect s with <i>S. aureus</i>		0.480	0.314-0.735	
Risk estimate for human to infect s with <i>S. aureus</i>		0.113	0.016-0.786	

Table (8): Contact with Sheep skin lesions as a risk factor for MRSA infection among breeders

Type Of Isolates		MRSA from skin lesion of Human		Total
		No	Yes	
MRSA from skin lesion of sheep	Negative	33(75%)	3(6.81%)	36(81.81%)
	Positive	5(11.36%)	3(6.81%)	8(18.18%)
Total		38(86.36%)	6(13.63%)	44(100%)
X2		4.728		
P Value		0.03		
R		0.328		
P Value		0.03		
Odds Ratio for MRSA to infect sheep (negative / positive)		Value	CI 95%	
		6.600	1.031-42.238	
Risk estimate for sheep to infect s with MRSA		0.263	0.084-0.826	
Risk estimate for human to infect s with MRSA		0.222	0.055-0.906	

Table (9): Contact with pets as a risk factor for *S. aureus* and MRSA infections among breeders

Type Of Isolates From Skin Lesions Of Sheep Breeders					
Contact with pets	<i>S. aureus</i>		MRSA		
	Positive	Negative	Positive	Negative	Total
Yes	13(29.54%)	23(52.27%)	6(13.63%)	30	36(81.81%)
No	2(4.54%)	6(13.63%)	0(0%)	8(18.18%)	8(18.18%)
Total	15(34.09%)	29(65.90%)	6(13.63%)	38(86.36%)	44(100%)
X2	0.360		1.544		
P value	0.549		0.214		
R	0.090		0.187		
P value	0.559		0.223		
Odds Ratio for Contact with pets	Value	95% CI	Value	95% CI	
	1.696	0.298-9.649	3.6230	0.1849- 70.9901	
Risk estimate for yes Contact with pets	0.915	0.697-1.201	0.789	0.670-0.930	
Risk estimate for No Contact with pets	1.552	0.355-6.775	ND		

Discussion

Current results revealed, that 15 out of 44 sheep breeders whom suffered dermal diseases were infected with *S. aureus* isolate rate (34.09%), by biological tests includes MSA which isolate, selects and differentiated G positive cluster like coagulase, catalase DNase tests respectively according to [32,33], then confirmed by Vitek 2 system which goes with [34,35], later conventional PCR by using *S. aureus* gene sequence 23sRNA specific primer (staur 4,6) according to [36], whereas MRSA was 6/15 rated (40%), confirmed by methicillin resistance on Muller Hinton media depending on [37, 38], results of conventional PCR by using *mecA* gene and *bla_Z* gene of *S. aureus* [39, 40], those ratio varied around the world, while in Brazil [41], showed that the rate of *S. aureus* cutaneous infections was (51.8%) and (41.6%) for (MRSA) and the difference due to the variations of sample collections between breeders. On the other hand, [9] described *S. aureus* as a popular human pathogen 33% of seemingly healthy cases,

but [42] said that *S. aureus* colonizes the nares of 28-32% of the world population. While in Egypt *S. aureus* esteemed 36.4% [43]. likewise [42] stated that *S. aureus* represent 34.5% and MRSA 41.7% among clinical isolates in Nepal, In Germany hospitals MRSA infection rates was 44.4%, a regularity of 9% among them infects by roommate patron [44]. Justified ratio mentioned by [45] about sheep farms workers in Italy, *S. aureus* isolate 35.5% the nearest to current findings.

In this study demonstrates parallel between infection rate of *S. aureus* and MRSA infection rates inconsistency of age were nearly at young 11.36% and old 13.63%. On the other hand, the infection with MRSA was concentrated at the old age group 51-60 years, 11.36% and 61-70 years, in 2.27%, but significant positive correlation noticed between the age groups and MRSA, in China [46] revealed that a total of 61.3% old patients infected by MRSA, also [47] claimed that children could act as reservoirs of MRSA, [48] viewed the age-standardized rates for deaths were higher in males MRSA

colonization and more common in those aged 65 years or older, although [49] believed that most consistent predictor of mortality is age, with older patients being twice as likely to die.

As per current study *S. aureus* infection rates 29.4% male versus 4.54% female, also MRSA male higher 11.36% than female 2.27%, some researchers reported male *S. aureus* infection rates higher than female [50] in India and UK male 57.5% female 42.2%, others find the contrary [51] in Asfahan find male infection ratio 43.8 % less than female 56.2%, [52] in Ethiopia found 33.2% in males less than females 68.8%. On the other hand [53] thought that chemicals and cosmetic material might play roles. Despite [39], reported MRSA rates were lower in males than females, on other hand [54], believed that estrogen had tough roll and influence upon skin thickness, prevent infections with *S. aureus*, role of sex hormones in modulation immune response and susceptibility for infection among males and females, steroid hormones have important character in skin physiology, immunity, skin architecture, thickness of dermis and epidermis layers [55,56]. Estrogens associated with immune-enhancement but androgens led to immunosuppression [57].

Education level

This study shows three level of education of sheep breeders whom infected with *S. aureus* (3 Illiterate, 9 primary, 3 secondary) rated (6.81, 20.45, 6.81 %), versus MRSA (1 Illiterate, 3 primary, 2 secondary) rated (2.27, 6.81, 4.54%) respectively, the higher concentrated among primary educated sheep breeders, but there is no correlation,

significant-ly variation, no direct influences on infection rates. While in Ethiopia [52] reports highest isolate among Illiterate 52.2%, mid upon Secondary and above educated 26.6% but lesser on Elementary 21.2 %. On the other hand [58] reported that *S. aureus* was recovered from 34.9% healthy veterinarians, while MRSA was recorded among 47.6 %. These re-sults were come in agree with [59] who estimated that additional education might be de-crease the risk factors.

Economic statue

This study calculated no significant variation among sheep breeders whom infected with *S. aureus* (7 low /8 Middle), economic status with zero high economic status people be-ings, but the low economic status 2 got double time chances less to infects with MRSA compared with middles 4 by risk estimating which might be due to their ability to deal with medicines and treatments in case of any argents, even with no medical prescriptions, which come in line with [49] about socioeconomic status which is known to impact a pa-tient's infection risk, an counter relationship exists between incidence and Socioeconomic, with the lowest rates found for the least deprived economic strata than for the most de-prived strata, researchers [59] claim predictively that socioeconomic status and family in-come related to risk factor significantly, also [60] figure that *S. aureus*, MRSA infection is associated with poorer clinical outcomes". "Economic state mostly related to incomes, financial benefits, thus [58] stated that staphylococci carried among healthy people with no reported risk of colonization (15.9%), food handlers (7.8%), Veterinarians (34.9%) and livestock farmers (27.1%).

Although *S. aureus* and MRSA widespread in healthy humans, due to contact with livestock and veterinary practice seems to increase the risk of carrying MRSA, jobs which increase their economic state, thus, emphasizes the need for integrated molecular epidemiology of zoonotic staphylococci.

Hospitalization in last four weeks

Risk estimation among sheep breeders whom hospitalized in last 4 weeks to get infected with *S. aureus* wasn't record, but sheep breeders whom not hospitalized in last 4 weeks to get infected with *S. aureus* was (1.154), while sheep breeders whom hospitalized in last 4 weeks to get infected with MRSA was (0.158) time compare with risk estimate for sheep breeders to get infected MRSA from not hospitalized in last 4 weeks (1.168) time. Insuring the assumption of hospital role in splitting MRSA, [61], stated Although advancing age by itself is not considered a risk factor for MRSA infection, but age more than 65 years is a significant risk factor for hospitalization hence, advancing age is indirectly linked to MRSA acquisition.

Contact with sheep skin lesions

Contact with sheep skin lesion risk estimation among sheep breeders to get infected with *S. aureus* was (0.113) time compare with risk estimate for sheep to get infected from human source with *S. aureus* (0.480), but contact with sheep skin lesion risk estimation among sheep to get infected with MRSA was (0.263) time compare with risk estimate for sheep to get infected from human source with MRSA (0.222), those last numbers seem to be nearly to each other, which is highlight the confusing zoonotic issue, dose a man passes the infection to the

livestock, or versus transmission targeting man life, [62] claimed that prolonged hospital staying, catheters, intravenous devices, skin lesions, wounds, ulcers, and receipt of antibiotics. Associated factors develop HA - MRSA infection, but the origin of LA-MRSA seems to be associated primarily with pigs that human-to-human transmission of LA-MRSA seems to be rare.

Contact with pets

In current study, although there was no significant correlation between contact with pets and infection with *S. aureus* or MRSA, sheep breeder who have contact with pets have (0.915) time for infection with *S. aureus* compare with those did not contact with pets (1.552) time. Sheep breeder who have contact with pets have (0.789) time for infection with MRSA. Current results reflect that the pets represent one of the possible sources, but not the only one for probability transmission of *S. aureus* and MRSA.

Pets are a potential reservoir for human infection revealed correlation between close contact with humans and a higher risk of the colonized pet with *S. aureus* and harboring the antibiotic resistant determinants [63] the role of pets in transmission of *S. aureus* or MRSA even in low possibility reflect the fact that sheep breeders rarely treating those pets with antibiotics, although regular manner of most sheep breeders is owing one trained dog or more, sharing their daily trips to grazing sheep, guarding, protection, watching, and sometimes leading their flocks to a proper fields, those dogs fights and get scratches, injured, expose to external parasite, accidents in addition to swimming and licking the same water stream that used by sheep breeders and sheep, thus, it is

undoubtedly to be reservoir or carriers at least, if not get infected mostly with *S. aureus*, but less with MRSA infections, two years later [64] in Poland found *S. aureus* infection rate among pets in door was (19.17%) higher than pets out door population (8.3%) describing a horizontal transfer of *S. aureus* isolates between humans, animals and the environment, In urban areas, [65] indicated; while pet industry is still in its early stage, has developed rapidly, recently, the number of dogs and cats has been increasing in developing countries. Keeping pets is becoming a popular lifestyle all over the world, direct physical contact with pets occurs every day, thus possessing a potential risk of transmitting *S. aureus* between humans and pets may impact additionally on the use of antimicrobials in human medicine and therapy.

Sheep breeders practically one of the most in contact with their sheep on daily continuous basis accompanied many hours from dawn up to night, where they caring for, feeding, milking, watering, cleaning, mow wool, take care of the hooves and horns, noting their health and Monitoring the seasons of mating, births, nursing and caring for their young lambs, depending on their families supporting, in various conditions of climate, heat, rain, wind, planting and harvest seasons, providing safe and appropriate shelters, cleaning the floors, fodder and Stripes, protecting them from wild animals and insects, thus it is obvious how deep is the relationship which makes the breeders eventually more responsible.

Conclusions

Methicillin resistant trait was common among *S. aureus* isolated from sheep breeders

.MRSA infections correlated with age. Female sheep breeders were at high risk for getting *S. aureus* and MRSA infections. Sex, education level, economic status, contact with pet play no role in infection with *S. aureus*. hospitalization in last four weeks, contact with skin lesions correlated significantly with *S. aureus*, MRSA infections among breeders.

Recommendations

Increase health awareness among sheep breeders' community for the significance of their role in dissemination of *S. aureus* to sheep and vice versa.

Source of funding: The current study was funded by our charges with no any other funding sources elsewhere.

Ethical clearance: This study conducted according to the principles of Helsinki declaration. A full explanation of the purpose of this study to all owners before starting. Dully filled consent form obtained from all owners who agree to participate in the study. Ap-proval of an ethical review committee of pathology department, college of veterinary medicine, Diyala University, Iraq, taken before initiation into the work[14, 17-27].

Conflict of interest: Nil

References

- [1] Fajer ZB, Al-Ezzy AIA, Al-Zuhairi AH. Evaluation of risk factors for dermal infection with Staphylococcus aureus and MRSA among Sheep In Diyala Governorate, Iraq. Diyala Journal for Veterinary Sciences. 2022;1(5):8-37.
- [2] Gnanamani A, Hariharan P, Paul-Satyaseela M. Staphylococcus aureus: Overview of bacteriology, clinical diseases, epidemiology, antibiotic resistance and therapeutic approach. Frontiers in

- Staphylococcus aureus. 2017;4(28):10.5772.
- [3] Madhaiyan M, Wirth JS, Saravanan VS. Phylogenomic analyses of the Staphylococcaceae family suggest the reclassification of five species within the genus Staphylococcus as heterotypic synonyms, the promotion of five subspecies to novel species, the taxonomic reassignment of five Staphylococcus species to Mammaliococcus gen. nov., and the formal assignment of Nosocomiicoccus to the family Staphylococcaceae. *International Journal of Systematic and Evolutionary Microbiology*. 2020;70(11):5926-36.
- [4] Gurusamy KS, Koti R, Toon CD, Wilson P, Davidson BR. Antibiotic therapy for the treatment of methicillin-resistant Staphylococcus aureus (MRSA) infections in surgical wounds. *Cochrane Database of Systematic Reviews*. 2013(8).
- [5] Rasheed NA, Hussein NR. Methicillin-resistant Staphylococcus aureus carriage rate and molecular characterization of the staphylococcal cassette chromosome mec among Syrian refugees in Iraq. *International Journal of Infectious Diseases*. 2020;91:218-22.
- [6] Iddah MA, Peter KN. Microbiology of Methicillin Resistant Staphylococcus Aureus. 2021.
- [7] Chuang Y-Y, Huang Y-C. Livestock-associated methicillin-resistant Staphylococcus aureus in Asia: an emerging issue? *International Journal of Antimicrobial Agents*. 2015;45(4):334-40.
- [8] Cheung GY, Bae JS, Otto M. Pathogenicity and virulence of Staphylococcus aureus. *Virulence*. 2021;12(1):547-69.
- [9] Algammal AM, Hetta HF, Elkelish A, Alkhalifah DHH, Hozzein WN, Batiha GE-S, et al. Methicillin-Resistant Staphylococcus aureus (MRSA): one health perspective approach to the bacterium epidemiology, virulence factors, antibiotic-resistance, and zoonotic impact. *Infection and Drug Resistance*. 2020;13:3255.
- [10] Mistretta N, Brossaud M, Telles F, Sanchez V, Talaga P, Rokbi B. Glycosylation of Staphylococcus aureus cell wall teichoic acid is influenced by environmental conditions. *Scientific reports*. 2019;9(1):1-11.
- [11] AL-Ezzy A, Abdulameer S. Correlation between Aspergillus fumigatus Isolated From Mouth , Nose and Ear of Hunting Dogs and Unusual Clinical Manifestations. *Diyala Journal for Veterinary sciences*. 2021;1(2):21-33.
- [12] AL-Ezzy A, Abdulameer S. Phenotypic Identification And Molecular Characterization Of Gliotoxin producing Aspergillus fumigatus Isolated From Hunters With Special Emphasis To Clinical Manifestations and *Diyala Journal for Veterinary sciences*. 2021;1(2):34-48.
- [13] AL-Ezzy A. Molecular Diagnostic Approaches For SARS-COV2. *Diyala Journal for Veterinary sciences*. 2021;1(2):10-20.
- [14] Al-Khalidi A, Al-Ezzy A, Hameed M. Correlation Between Aspergillosis And Renal Function Profile Analysis In Broilers Of Diyala Province -Iraq. *Diyala Journal of Agricultural Sciences*. 2018;10:177-93.
- [15] Al-Ezzy A, Khazzal S, Qasim A. Isolation of Proteus mirabilis from urinary tract infections of human and ovine in Baqubah-Diyala Province. *Diyala Journal of Agricultural Sciences*. 2018:339-47.

- [16] Al-Ezzy A. Immunopathological and Modulatory Effects of Cag A+ Genotype on Gastric Mucosa, Inflammatory Response, Pepsinogens, and Gastrin-17 Secretion in Iraqi Patients infected with H Open Access Maced J Med Sci. 2018;6.
- [17] Al-Ezzy AIA. Isolation Of Malassezia Furfur And Evaluation Of Ivermectin And Calvatia Craniiformis As A Novel Antifungal Agents For Pityriasis Versicolor With Special Refer To Risk Factors IJCPR. 2017;8(4):311-9.
- [18] Humadi A, AL-Ezzy A, Mohammed A. Role Of Acrylonitrile Toxicity In Lung of Albino Male Rats. Diyala Journal for Veterinary sciences. 2021;1(2):93-9.
- [19] Hameed M, AL-Ezzy A, Jalil W, Al-Khalidi A. Physiological Protective Effects of Ascorbic acid Versus d-l- α -tocopheryl acetate -Sodium Selenite Combination in Mice under experimental Sodium Nitrate biochemical and cellular archives. 2020;20(1).
- [20] Al-Khalidi MAAH, AL-Ezzy A. Effect Of Drinking Water Quality On physiological Blood Parameters And Performance Of Laying Hens In Diyala province-Iraq. Biochemical and Cellular Archives. 2020;20(1):2649-54.
- [21] Al-Khalidi A, Hameed M, Al-Ezzy A. Effects Of Saccharomyces cerevisiae As Probiotic On Blood Indices ,Humoral Immunity and Performance Of Isa Brown Laying Hens In Diyala Province-Iraq. Biochemical and Cellular Archives. 2020;20(1).
- [22] Akram Ahmed Hassan EJK, Al-Ezzy, Ali Ibrahim Ali, MS Hameed. Correlation Between Aspergillosis And Liver Function Profile Analysis In Broiler. Research Journal of Pharmaceutical, Biological and Chemical Sciences 8 (5 2017;8(5):432-42.
- [23] Al-Ezzy A. Evaluation of the Performance of Melia Azedarach for skin wound healing in donkeys: clinical and histopathological study. AJPCT. 2015;3:1-9.
- [24] Al-Ezzy A. Heamatological Changes Associated with Gastrointestinal Parasites Infection in Domestic Animals attended to Outpatient Clinic of Faculty of Veterinary Medicine of Diyala International journal of innovation and applied studies. 2014;9(3):1266-.
- [25] Al-Ezzy A. Heamatological Changes Associated with Gastrointestinal Parasites Infection in Domestic Animals attended to Outpatient Clinic of Faculty of Veterinary Medicine of Diyala International journal of innovation and applied studies. 2014;9(3):1266-.
- [26] Awad AK, Al-Ezzy AIA, Jameel GH. Phenotypic Identification and Molecular Characterization of Malassezia spp. isolated from Pityriasis versicolor patients with special emphasis to risk factors in Diyala province, Iraq. Open access Macedonian journal of medical sciences. 2019;7(5):707.
- [27] AL-Ezzy AIA. In Situ Nick End Labeling as a Molecular Immunopathological Indicator for the Severity of DNA Fragmentation and Gastroduodenal Tissue Damage among H. Pylori Cag A Positive Patients. Indian Journal of Science and Technology. 2016;9(2).
- [28] AL-Ezzy AIA, Kadhim AT. Comprehensive Evaluation For The Life Style And Zoonotic Risk Factors Associated With Cryptosporidium Parvum Infection In Children Under Five Years. Diyala Journal For Veterinary Sciences. 2021;1(2):77-92.

- [29] AL-Ezzy AIA. Chromotrope Gram Hot And Giemsa Staining Techniques As Alternatives For Ziehl–Neelsen Hot Stains For Detection Of *C. Parvum* Infection In Children And Calves. *Diyala Journal for Veterinary Sciences*. 2021;1(3):100-11.
- [30] Al-Ezzy AIA, Kadhim AT. Evaluation For sociodemographic Risk Factors associated with *Cryptosporidium Parvum* Infection In Children under Five years. *Diyala Journal For Veterinary Sciences*. 2021;1(2):100-13.
- [31] Jameel GH, Al-Ezzy AIA. Evaluation of Antifungal Activity of *Calvatia craniiformis* and Ivermectin as Novel Alternative Therapies for *Aspergillus niger* Associated Acute Otitis Media with Special Refer to Socio Demographic Factors Among Rural Children of Diyala Province-Iraq. *International Journal of Pharmaceutical and Clinical Research*. 2017;9(8):581-9.
- [32] Abubaker NS, Alythi AG. The Presence Of *Mec A* Gene In Methicillin–Resistant *Staphylococcus Aureus* Strains (Mrsa) Isolated From Surfaces Of Plants In Al–Beida Hospital Garden. *European Journal Of Pharmaceutical And Medical Research*. 2021;8(3):5-9.
- [33] Johnson T, Case CL, Cappuccino J, Sherman N. Great Adventures In The Microbiology Laboratory. *Microbiology*. 2013;22:175-6.
- [34] Alzolibani AA, Al Robaee AA, Al Shobaili HA, Bilal JA, Ahmad MI, Saif GB. Documentation of vancomycin-resistant *Staphylococcus aureus* (VRSA) among children with atopic dermatitis in the Qassim region, Saudi Arabia. *Acta Dermatovenerol Alp Pannonica Adriat*. 2012;21(3):51-3.
- [35] Abbas YA, Radhi GF. Rapid Identification Of *Enterobacter Spp.* Isolated From Hospitals In Basrah Province By Automated System (Vitek® 2 Compact). *International Journal of Micro Biology, Genetics and Monocular Biology Research*. 2016;2(2):9-20.
- [36] Straub JA, Hertel C, Hammes WP. A 23S rDNA-targeted polymerase chain reaction–based system for detection of *Staphylococcus aureus* in meat starter cultures and dairy products. *Journal of food protection*. 1999;62(10):1150-6.
- [37] Azmi K, Qrei W, Abdeen Z. Screening of genes encoding adhesion factors and biofilm production in methicillin resistant strains of *Staphylococcus aureus* isolated from Palestinian patients. *BMC genomics*. 2019;20(1):1-12.
- [38] Gitman MR, Albuquerque B, Chung M, van de Guchte A, Sullivan MJ, Obla A, et al. Modified methicillin-resistant *Staphylococcus aureus* detected in neonatal intensive care patients. *Journal of Antimicrobial Chemotherapy*. 2021;76(11):2774-7.
- [39] Rasheed NA, Hussein NR. Characterization of different virulent factors in methicillin-resistant *Staphylococcus aureus* isolates recovered from Iraqis and Syrian refugees in Duhok city, Iraq. *PloS one*. 2020;15(8):e0237714.
- [40] Stegger á, Andersen P, Kearns A, Pichon B, Holmes M, Edwards G, et al. Rapid detection, differentiation and typing of methicillin-resistant *Staphylococcus aureus* harbouring either *mecA* or the new *mecA* homologue *mecALGA251*. *Clinical Microbiology and Infection*. 2012;18(4):395-400.

- [41] Cavalcante FS, Saintive S, Carvalho Ferreira D, Rocha Silva AB, Guimarães LC, Braga BS, *et al.* Methicillin-resistant *Staphylococcus aureus* from infected skin lesions present several virulence genes and are associated with the CC30 in Brazilian children with atopic dermatitis. *Virulence*. 2021;12(1):260-9.
- [42] Shrestha LB, Syangtan G, Basnet A, Acharya KP, Chand AB, Pokhrel K. Methicillin-resistant *Staphylococcus aureus* in Nepal. *JNMA: Journal of the Nepal Medical Association*. 2021;59(237):518.
- [43] Suelam II, Raslan AR, Mohamed ME. Isolation of *Staphylococcus aureus* from Milk and Human with Reference to its Survival on Surfaces. *World J Dairy Food Sci*. 2012;7(2):142-5.
- [44] Chaberny IF, Ziesing S, Mattner F, Bärwolff S, Brandt C, Eckmanns T, *et al.* The burden of MRSA in four German university hospitals. *International journal of hygiene and environmental health*. 2005;208(6):447-53.
- [45] Mascaro V, Squillace L, Nobile CG, Papadopoli R, Bosch T, Schouls LM, *et al.* Prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA) carriage and pattern of antibiotic resistance among sheep farmers from Southern Italy. *Infection and Drug Resistance*. 2019;12:2561.
- [46] Xie X, Bao Y, Ouyang N, Dai X, Pan K, Chen B, *et al.* Molecular epidemiology and characteristic of virulence gene of community-acquired and hospital-acquired methicillin-resistant *Staphylococcus aureus* isolates in Sun Yat-sen Memorial hospital, Guangzhou, Southern China. *BMC infectious diseases*. 2016;16(1):1-10.
- [47] Lin J, Peng Y, Xu P, Zhang T, Bai C, Lin D, *et al.* Methicillin-resistant *Staphylococcus aureus* nasal colonization in Chinese children: a prevalence meta-analysis and review of influencing factors. *PLoS One*. 2016;11(7):e0159728.
- [48] Jayasekera A, Jennings L, Holden CR, Bates C, Gawkrödger DJ. Methicillin-resistant *Staphylococcus aureus* in skin disease affects mainly elderly patients with eczema and leg ulcers who have associated chronic disease. *Acta Dermatovenereologica-Stockholm* 2008;88(2):156.
- [49] Van Hal SJ, Jensen SO, Vaska VL, Espedido BA, Paterson DL, Gosbell IB. Predictors of mortality in *Staphylococcus aureus* bacteremia. *Clinical microbiology reviews*. 2012;25(2):362-86.
- [50] Mohanty A, Mohapatra K, Pal B. Isolation and identification of *staphylococcus aureus* from skin and soft tissue infection in sepsis cases, Odisha. *J Pure Appl Microbiol*. 2018;12:419-24.
- [51] Omidi M, Firoozeh F, Saffari M, Sedaghat H, Zibaei M, Khaledi A. Ability of biofilm production and molecular analysis of *spa* and *ica* genes among clinical isolates of methicillin-resistant *Staphylococcus aureus*. *BMC research notes*. 2020;13(1):1-7.
- [52] Kahsay A, Mihret A, Abebe T, Andualem T. Isolation and antimicrobial susceptibility pattern of *Staphylococcus aureus* in patients with surgical site infection at Debre Markos Referral Hospital, Amhara Region, Ethiopia. *Archives of public Health*. 2014;72(1):1-7.
- [53] Assafi MS, Mohammed RQ, Hussein NR. Nasal carriage rates of *Staphylococcus aureus* and CA-methicillin resistant *Staphylococcus aureus* among university

- students. *Int J Microbiol Res.* 2015;5(4):123-7.
- [54] Castleman MJ, Pokhrel S, Triplett KD, Kusewitt DF, Elmore BO, Joyner JA, et al. Innate sex bias of *Staphylococcus aureus* skin infection is driven by α -hemolysin. *The Journal of Immunology.* 2018;200(2):657-68.
- [55] Nestle FO, Di Meglio P, Qin J-Z, Nickoloff BJ. Skin immune sentinels in health and disease. *Nature Reviews Immunology.* 2009;9(10):679-91.
- [56] Zhang C, Merana GR, Harris-Tryon T, Scharschmidt TC. Skin immunity: dissecting the complex biology of our body's outer barrier. *Mucosal Immunology.* 2022:1-11.
- [57] Klein SL, Flanagan KL. Sex differences in immune responses. *Nature Reviews Immunology.* 2016;16(10):626-38.
- [58] Abdullahi IN, Lozano C, Ruiz-Ripa L, Fernández-Fernández R, Zarazaga M, Torres C. Ecology and Genetic Lineages of Nasal *Staphylococcus aureus* and MRSA Carriage in Healthy Persons with or without Animal-Related Occupational Risks of Colonization: A Review of Global Reports. *Pathogens.* 2021;10(8):1000.
- [59] Early GJ, Seifried SE. Risk factors for community-associated *Staphylococcus aureus* skin infection in children of Maui. *Hawai'i Journal of Medicine & Public Health.* 2012;71(8):218.
- [60] Hassoun A, Linden PK, Friedman B. Incidence, prevalence, and management of MRSA bacteremia across patient populations—a review of recent developments in MRSA management and treatment. *Critical care.* 2017;21(1):1-10.
- [61] Siddiqui AH, Koirala J. Methicillin resistant *Staphylococcus aureus*. *StatPearls [internet]: StatPearls Publishing;* 2021.
- [62] Lakhundi S, Zhang K. Methicillin-resistant *Staphylococcus aureus*: molecular characterization, evolution, and epidemiology. *Clinical microbiology reviews.* 2018;31(4):e00020-18.
- [63] Bierowiec K, Płoneczka-Janeczko K, Rypuła K. Cats and dogs as a reservoir for *Staphylococcus aureus*. *Postepy Higieny i Medycyny Doswiadczałnej (Online).* 2014;68:992-7.
- [64] Bierowiec K, Płoneczka-Janeczko K, Rypuła K. Is the colonisation of *Staphylococcus aureus* in pets associated with their close contact with owners? *PLoS One.* 2016;11(5):e0156052.
- [65] Bhat AH. Bacterial zoonoses transmitted by household pets and as reservoirs of antimicrobial resistant bacteria. *Microbial Pathogenesis.* 2021;155:104891.

عوامل الخطر الاجتماعي الديموغرافي للعدوى الجلدية بالمكورات العنقودية الذهبية الحساسة والمقاومة للميثيسيلين بين مربى الأغنام في محافظة ديالى ، العراق

زينب برسيم فجر^١ ، علي ابراهيم علي العزي^٢ ، احمد حنث الزهيري^٣

الملخص

خلفية الدراسة: المكورات العنقودية الذهبية هي أحد مسببات الأمراض السائدة بين التهابات الجلد في الإنسان والحيوان. **اهداف الدراسة:** لعزل وتحديد بكتيريا المكورات العنقودية الذهبية من مربى الأغنام بالطريقة التقليدية ونظام Vitek 2 الآلي ، الكشف عن الجين المقاوم للميثيسيلين (mecA) بواسطة PCR التقليدي. تقييم العلاقة بين عدوى بكتيريا المكورة العنقودية البرتقالية وعوامل الخطر المحتملة في الإنسان (العمر ، الجنس ، المستوى التعليمي ، التمثال الاقتصادي ، الاستشفاء في الأسابيع الأربعة الماضية ملامسة آفات جلد الأغنام ، والتلامس مع الحيوانات الأليفة .

المرضى والطرائق: تم تسجيل ما مجموعه ٤٤ مقيضة جلدية تم جمعها من مربى الأغنام من مجموعة متنوعة من الآفات الجلدية المصابة (الجروح ، الخراجات ، التهاب الجلد التأتبي ، حب الشباب ، الأمراض الجلدية المزمنة ، إلخ) ؛ الجنس ، والعمر ، ومستوى التعليم ، والتمثال الاقتصادي ، والاستشفاء في الأسابيع الأربعة الماضية ، والتلامس مع آفات جلد الغنم ، والتواصل مع الحيوانات الأليفة للكشف عن بكتيريا المكورات العنقودية الذهبية الحساسة للميثيسيلين ، المكورات العنقودية الذهبية المقاومة للميثيسيلين وتقدير عوامل الخطر ، من خلال استخدام طرق المختبرات التقليدية بالإضافة إلى التوكيد. التقنيات بواسطة نظام VETEK2 و PCR ، باستخدام بادئات محددة (4 Staur ، ٦) ، بادئات جينية (MRSA (mecA).

النتائج: تم الإبلاغ عن المكورات العنقودية الذهبية الحساسة للميثيسيلين في ٣٤,٠٩٪ مقابل ٤٠٪ لجرثومة المكورات العنقودية الذهبية المقاومة للميثيسيلين بين مربى الأغنام. تم الإبلاغ عن ارتباط كبير بين الفئات العمرية و عدوى المكورات العنقودية الذهبية المقاومة للميثيسيلين. على الرغم من أن معدل الإصابة بالمكورات العنقودية الذهبية الحساسة للميثيسيلين والمكورات العنقودية الذهبية المقاومة للميثيسيلين كان أعلى بين الذكور مقارنة بالإناث ، لم يتم الإبلاغ عن أي ارتباط كبير بين الجنس والإصابة بالميثيسيلين العنقودية الذهبية والمكورات العنقودية الذهبية المقاومة للميثيسيلين. كانت المربين الإناث أكثر عرضة للإصابة بعدوى بكتيريا المكورات العنقودية الذهبية المقاومة للميثيسيلين مقارنة بالذكور. لا توجد علاقة ارتباط ذات دلالة إحصائية بين مستوى التعليم والوضع الاقتصادي والاتصال بالحيوانات الأليفة والميثيسيلين العنقودية الذهبية الحساسة و عدوى المكورات العنقودية الذهبية المقاومة للميثيسيلين كعوامل خطر. ارتبط إصابة المكورات العنقودية الذهبية الحساسة للميثيسيلين بين المربين ارتباطاً معنوياً بالاستشفاء في الأسابيع الأربعة الماضية. تم الإبلاغ عن ارتباط كبير بين التلامس مع الآفات الجلدية للأغنام والبكتيريا العنقودية الذهبية الحساسة للميثيسيلين و عدوى المكورات العنقودية الذهبية المقاومة للميثيسيلين بين المربين.

الاستنتاجات: كانت الصفة المقاومة للميثيسيلين شائعة بين المكورات العنقودية الذهبية المعزولة من مربى الأغنام. ارتبطت عدوى المكورات العنقودية الذهبية المقاومة للميثيسيلين بالعمر. كان مربى الأغنام أكثر عرضة للإصابة بعدوى بكتيريا المكورة العنقودية الذهبية الحساسة والمكورات العنقودية الذهبية المقاومة للميثيسيلين. لا يلعب الجنس ، والمستوى التعليمي ، والوضع البيئي ، والاتصال بالحيوان الأليفة أي دور في الإصابة ببكتيريا المكورات العنقودية الذهبية. يرتبط إدخال المريض للمستشفى للمعالجة في الأسابيع الأربعة الماضية ، والتلامس مع الآفات الجلدية للأغنام بشكل كبير مع الاصابه ب المكورات العنقودية الذهبية الحساسة للميثيسيلين و المكورات العنقودية الذهبية المقاومة للميثيسيلين بين المربين.

الكلمات المفتاحية: المكورات العنقودية الذهبية ، الجلد ، مربى الأغنام ، عوامل الخطر

البريد الإلكتروني: alizziibrahim@gmail.com

تاريخ استلام البحث: ١٢ أيلول ٢٠٢٢

تاريخ قبول البحث: ٢١ أيلول ٢٠٢٢