Commensal Enterococcus on U.S. Swine Sites: **Prevalence and Antimicrobial Drug Susceptibility**

Background

Enterococci are normal inhabitants of human and animal gastrointestinal tracts. These organisms have been known to cause human illnesses, such as meningitis, septicemia, endocarditis, arthritis, and pneumonia. 123 Two species of Enterococcus, E. faecalis and E. faecium, have been associated with foodborne illness in humans worldwide,4 although Enterococcus has not been identified as a major cause of foodborne illness in the United States.

Food animals such as pigs can be reservoirs for E. faecium organisms, some of which may be resistant to antimicrobials. In addition, there is potential for resistance components of enterococci to be transferred to other bacteria, including those that cause human illness. In the United States, the emergence of *Enterococcus* with resistance to gentamicin, penicillin, synercid, and vancomycin in humans has been a concern.5

Enterococcus on U.S. swine sites

In 2006, USDA's National Animal Health Monitoring System (NAHMS) conducted a study on swine health and management practices from a random sample of swine production sites in 17 States*. These States represented about 94 percent of the U.S. pig inventory and 94 percent of U.S. pork producers with 100 or more pigs. Overall, 2,230 swine production sites participated in the first interview from July 1 to August 15, 2006.

As part of Swine 2006, fecal samples were collected from pen floors on 135 sites. On each site, up to 15 fecal samples were collected from

pens containing grower/finisher pigs and cultured for Enterococcus. From September 5, 2006, through March 15, 2007, 1,362 samples were cultured for Enterococcus.

Overall, at least one sample was found culturepositive for Enterococcus on 99.3 percent of sites, 96.1 percent of barns, and 71.4 percent of pens. Additionally, 69.0 percent of samples were culture positive. Between two and four different Enterococcus species were isolated on 76.1 percent of sites. Some sites (12.7 percent) had as many as five or six different species isolated. Among the 940 isolates, there were 11 different Enterococcus species; E. faecalis and E. faecium accounted for 35.3 percent of isolates. In addition, 71.1 and 33.3 percent of sites were positive for E. faecalis and E. faecium, respectively (table 1).

Table 1. Percentage of Enterococcus Isolates and Percentage of Sites Positive for Enterococcus, by **Species**

| Species | Percent Isolates | Percent Sites |
|--------------------|---------------------|------------------|
| E. hirae | 29.6 | 71.1 |
| E. faecalis | 27.4 | 71.1 |
| E.spp* | 16.0 | 49.6 |
| E. faecium | 7.9 | 33.3 |
| E. mundtii | 7.7 | 16.3 |
| E. casseliflavus | 3.0 | 15.6 |
| E. gallinarum | 2.5 | 14.8 |
| E. avium | 2.0 | 12.6 |
| E. durans | 1.6 | 8.1 |
| E. solitarius | 1.4 | 8.9 |
| E. saccharolyticus | 0.8 | 5.9 |
| E. pseudoavium | 0.1 | 0.7 |
| Total | 100.0 | NA |

^{*}Species not identified.

^{*} Arkansas, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Carolina, Oklahoma, Ohio, Pennsylvania, South Dakota, Texas, and Wisconsin.

Antimicrobial susceptibility

All the available isolates were tested for resistance to a panel of 17 antimicrobial drugs.** Resistance break points used by the National Antimicrobial Resistance Monitoring System were used to classify isolates as susceptible, intermediate, or resistant. Of the 940 original isolates, 83 could not be re-grown from stocks and were not tested for susceptibility. Of the remaining 857 isolates, resistance to lincomycin was most common (96.0 percent of isolates), followed by resistance to tetracycline (81.9 percent) and flavomycin (57.1 percent) [table 2].

No Enterococcus isolates were resistant to vancomycin or linezolid. Only 2.5 percent of isolates were resistant to gentamicin, and all of those isolates were E. faecalis.

Table 2. Number and Percentage of Antimicrobial Resistance¹ Among Enterococcus Isolates

| | Number Resistant | | |
|--------------------------|---------------------|---------|--|
| Antimicrobial | (n=857) | Percent | |
| Lincomycin | 823 | 96.0 | |
| Tetracycline | 702 | 81.9 | |
| Flavomycin | 489 | 57.1 | |
| Tylosin | 451 | 52.6 | |
| Erythromycin | 447 | 52.2 | |
| Synercid ² | | | |
| Streptomycin | 194 | 22.6 | |
| Kanamycin | 139 | 16.2 | |
| Nitrofurantoin | 71 | 8.3 | |
| Penicillin | 53 | 6.2 | |
| Chloramphenicol | 33 | 3.9 | |
| Ciprofloxacin | 26 | 3.0 | |
| Tigecycline ³ | | | |
| Gentamicin | 21 | 2.5 | |
| Daptomycin ³ | | | |
| Linezolid | 0 | 0.0 | |
| Vancomycin | 0 | 0.0 | |

¹Intermediate isolates were classified as not resistant.

Table 3 shows the percentage of isolates by the number of antimicrobials they were resistant to for E. faecium, E. faecalis, and all other Enterococcus species. E. faecalis isolates were resistant to a

higher number of antimicrobials than *E. faecium*. For example, 35.2 percent of *E. faecalis* isolates were resistant to five or more antimicrobials. compared with only 25.7 percent of *E. faecium* isolates.

Table 3. Number of Antimicrobials by Number and Percentage of Enterococcus Isolates Showing Resistance*

| Percent | | | | | |
|---------------------------|-------------------------------------|------------------------------------|--|--|--|
| Number Antimicrobials* | E. faecium Isolates (n=74) | E. faecalis Isolates (n=255) | All Other Enterococcus spp. Isolates (n=528) | | |
| 0 | 0.0 | 0.0 | 0.4 | | |
| 1 | 8.1 | 7.1 | 3.6 | | |
| 2 | 14.9 | 16.5 | 25.4 | | |
| 3 | 35.1 | 5.9 | 19.5 | | |
| 4 | 16.2 | 35.3 | 6.8 | | |
| 5 | 2.7 | 12.6 | 8.3 | | |
| 6 | 10.8 | 13.7 | 16.5 | | |
| 7 | 5.4 | 8.6 | 7.2 | | |
| 8 | 5.4 | 0.3 | 9.1 | | |
| 9 | 0.0 | 0.0 | 2.2 | | |
| 10 | 1.4 | 0.0 | 1.0 | | |
| Total | 100.0 | 100.0 | 100.0 | | |

*Intermediate isolates were classified as not resistant based on 15 antimicrobials evaluated for E. faecium (dropping tigecycline and daptomycin) and based on 14 antimicrobials for E. faecalis (dropping tigecycline, daptomycin and dynercid).

The resistance patterns of *E. faecalis* and E. faecium isolates to four drugs are shown in table 4.5 All isolates were susceptible to vancomycin. E. faecalis showed resistance to gentamicin, while E. faecium did not; the opposite was true for resistance to penicillin.

Table 4. Species of Resistant Enterococcus Isolates and Resistance Patterns from Swine Feces

| Species | Number Isolates | Percent Species Isolates | Resistance |
|----------------------|--------------------|--------------------------------|------------|
| Faecalis* (n=255) | 21 | 8.2 | Gentamicin |
| | 0 | 0.0 | Penicillin |
| | 0 | 0.0 | Vancomycin |
| Faecium (n=74) | 0 | 0.0 | Gentamicin |
| | 9 | 12.2 | Penicillin |
| | 8 | 10.8 | Synercid |
| | 0 | 0.0 | Vancomycin |

^{1*}E. faecalis is intrinsically (naturally) resistant to synercid.

²E. faecalis is intrinsically (naturally) resistant to synercid. Among the other 602 isolates, 162 (26.9%) were resistant.

³No resistance break points have been established for tigecycline and daptomycin. There were 835 and 850 isolates at or below the break point for susceptibility for tigecycline and daptomycin, respectively.

^{**} Chloramphenicol, ciprofloxacin, daptomycin, erythromycin, flavomycin, gentamicin, kanamycin, lincomycin, linezolid, nitrofurantoin, penicillin, streptomycin, synercid, tetracycline, tigecycline, tylosin, and vancomycin.

Conclusions

Given that *Enterococcus* spp. is a commensal organism that inhabits the gastrointestinal tract of many people and animals it is not surprising that it was frequently recovered on swine operations. *E. faecalis* is more common on swine sites, while the prevalence of *E. faecium* is much lower. Resistance of *Enterococcus* isolates to antimicrobial drugs on swine sites varies by bacterial species.

References

- **1** Murray, B.E. 1990. The life and times of the *Enterococcus. Clin Microbiol Rev*; 3(1):46-65.
- **2** Lu, Hong-Zhou, Xin-Hua Weng, Haijing Li, You-Kuan Yin, Mao-Yin Pang, and Yi-Wei Tang. 2002. *Enterococcus faecium*-related outbreak with molecular evidence of transmission from pigs to humans. *J Clin Microbiol*; 40(3):913–917.
- **3** Kahn, C.M. (ed.). 2005. In: The Merck Veterinary Manual 9th ed. Merck & Co., Inc., Whitehouse Station, N.J. p. 585.
- **4** Cliver, D.O. and H.P. Riemann (eds.). 2002. In: Foodborne Diseases 2nd ed. Academic Press, San Diego, Calif. p. 154.
- **5** CDC. National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS): Human Isolates Final Report, 2004. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2007. p. 47-54.

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