

# **International Symposium**

# **"Towards a Risk Analysis of Antibiotic Resistance"**

**Session 1**

## **Hazard Identification**

## **Conclusions of Working Group 1**

# Hazard Identification

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**Hazard:**

a biological, chemical or physical agents that may have an adverse effect on the health of humans/animals

→ antimicrobial agents used in food animals

**Risk:**

the probability of an agent (hazard) to cause an adverse effect and the magnitude of this effect

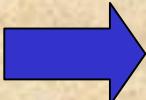
**Hazard identification:**

identification of known or potential adverse effects on health associated with a particular hazard (antimicrobial agents used in food animals)

# Hazard Identification

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**Adverse effects** on human health arising from the use of antimicrobial agents in food-producing animals:

1. antimicrobial resistance disseminates in bacteria of animal origin,
  2. resistant bacteria from animals **infect humans** indirectly and/or directly,
  3. resistant bacteria from animals **transfer their resistance genes to bacteria of medical importance**,
  4. propagation of resistant strains in food animals and humans
-  **failure of treatment** for serious infections in humans

# Dissemination of resistant bacteria in animals

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Factors favouring the **selection** and **dissemination** of  
resistant bacteria in animals

following the application of antimicrobials to animals:

subtherapeutic dosing

mass medication

long-term treatment

broad-spectrum antibiotics / combinations vs. narrow-  
spectrum antibiotics

prophylactic/metaphylactic application without proper  
microbiological diagnostics (incl. antibiogram)

# Dissemination of resistant bacteria in animals

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Food-producing animals receive antimicrobial agents for therapeutic, metaphylactic and prophylactic purposes, and to a lesser extend for growth promotion



Exposure to antimicrobial agents kills susceptible bacteria and allows to resistant bacteria to multiply at the expense of the susceptible ones

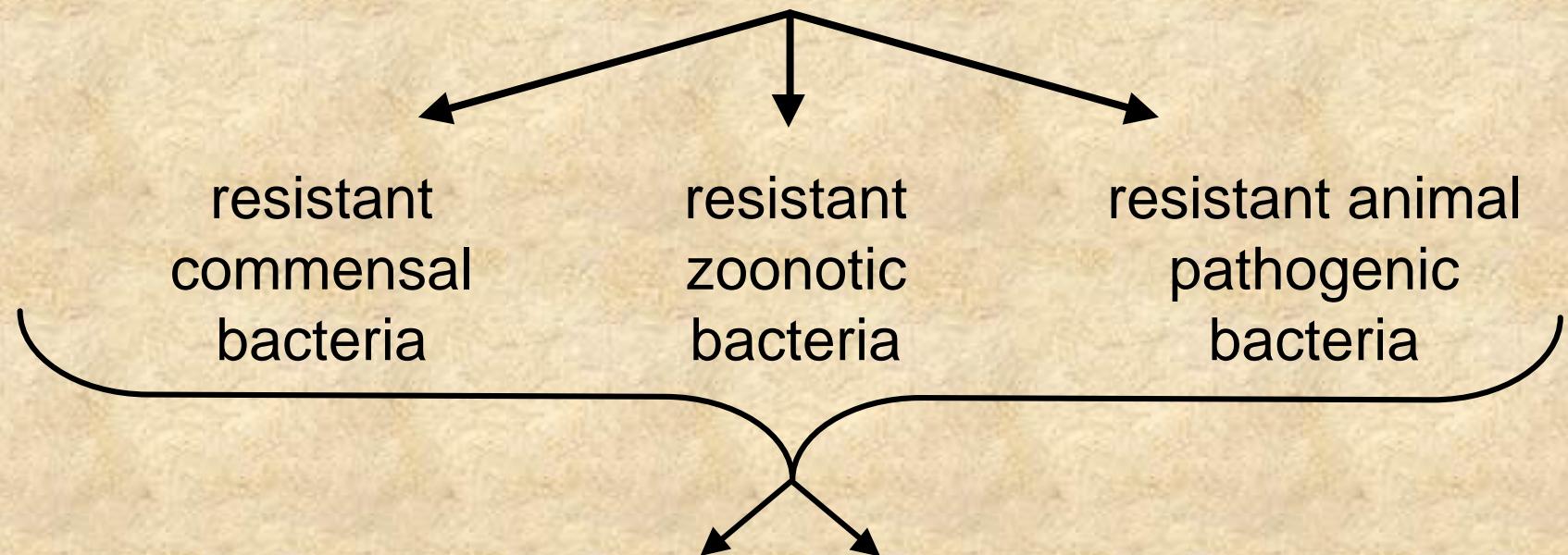


**Enrichment of resistant bacteria by selection**

# Dissemination of resistant bacteria in animals

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## Enrichment of resistant bacteria by selection



**Spread of resistant bacteria between individual animals of the same herd**

**Horizontal transfer of resistance genes between bacteria of the same animal**

# **Spread of resistant bacteria from food-producing animals to humans**

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**indirectly** via food of animal origin

(e.g. carcasses contaminated during slaughter or  
contamination during food processing)

or

**directly** by contact with food-producing animals or  
their excretions

(e.g. farmers, veterinarians, abattoir workers)

# **Spread of resistant bacteria from food-producing animals to humans**

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**The fate of the resistant animal bacteria in the human host** depends on various bacterial and host factors

long-term residence

colonization



initiation of an infection  
(pathogens)

short-term residence

passage through the  
human gut

transient carriage on the  
skin or on mucosal  
surfaces

# **Spread of resistant bacteria from food-producing animals to humans**

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horizontal transfer of resistance genes from  
animal bacteria to:

human commensal bacteria

and/or

human pathogenic bacteria



**presence of resistance genes from bacteria of animal origin  
in bacteria of humans**

# Clinical disease in humans

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humans carrying resistant bacteria

(either resistant bacteria of animal origin or bacteria of human origin harbouring resistance genes obtained from bacteria of animal origin)

develop clinical diseases from these bacteria



treatment with antimicrobial agents to which the causative bacterium is resistant causes adverse effects:

prolonged / more severe illness

treatment failure

death

# **Key questions**

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1. Does the use of antimicrobial agents in animals contribute to the dissemination of resistant bacteria ?
2. Do these resistant strains spread from animals to humans ?
3. Do the resistance determinants in these bacteria transfer to human pathogenic strains ?
4. Do resistant bacterial strains from animals cause clinical diseases in humans ?

**Different situations with regard to the antimicrobial agents applied, the resistance genes/mutations selected and the bacteria involved.**



# Does the use of antimicrobial agents in animals contribute to the dissemination of resistant bacteria ?

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- Salmonella*: fluoroquinolone resistance (*gyr*, *par*, *grl* mutations)  
apramycin/gentamicin resistance (*aac(3')-IV*)  
multidrug resistance (DT104, 204c, etc.)
- Campylobacter*: fluoroquinolone resistance (*gyr*, *par* mutations)  
macrolide resistance (23S rDNA mutations)
- E. coli*: fluoroquinolone resistance (*gyr*, *par*, *grl* mutations)  
apramycin/gentamicin resistance (*aac(3')-IV*)  
streptothricin resistance (*sat1*, *sat2*)
- Enterococci*: glycopeptide resistance (*vanA* gene cluster)  
macrolide resistance (*ermB*)  
streptogramin resistance (*vat(D)*, *vat(E)*)

# Do resistant strains from animals spread to humans ?

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<i>Salmonella</i> :	yes	fluoroquinolone resistance
	yes	apramycin/gentamicin resistance
	yes	multidrug resistance
<i>Campylobacter</i> :	yes	fluoroquinolone resistance
	?	macrolide resistance
<i>E. coli</i> :	?	fluoroquinolone resistance
	yes	apramycin/gentamicin resistance
	yes	streptothricin resistance
<i>Enterococci</i> :	yes	glycopeptide resistance
	yes	macrolide resistance
	yes	streptogramin resistance

# Do the resistance determinants of these strains transfer to other human pathogenic bacteria ?

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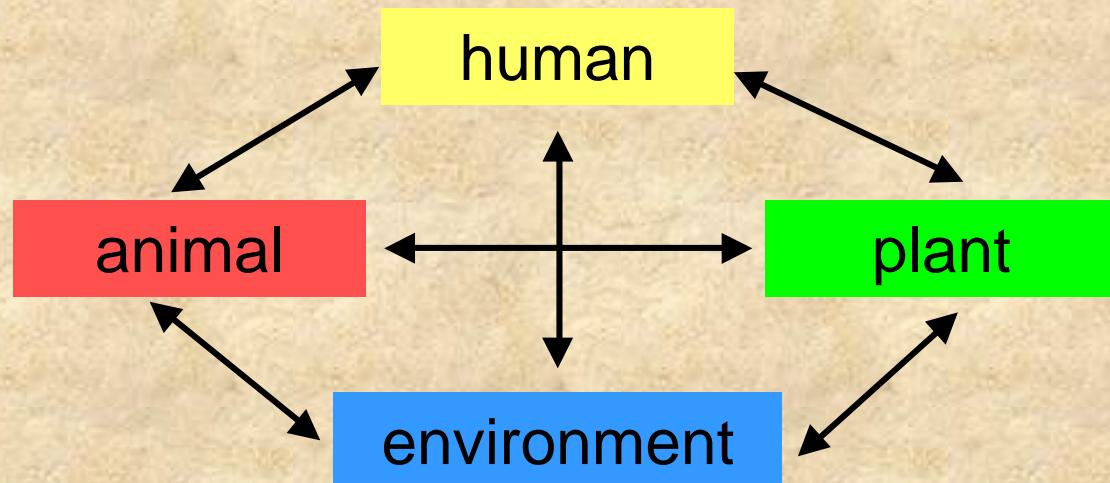
<i>Salmonella</i> :	no	fluoroquinolone resistance
	yes	apramycin/gentamicin resistance
	yes	multidrug resistance
<i>Campylobacter</i> :	no	fluoroquinolone resistance
	no	macrolide resistance
<i>E. coli</i> :	no	fluoroquinolone resistance
	yes	apramycin/gentamicin resistance
	yes	streptothricin resistance
<i>Enterococci</i> :	yes	glycopeptide resistance
	yes	macrolide resistance
	yes	streptogramin resistance

# Do the resistance determinants of these strains transfer to other human pathogenic bacteria ?

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**Problem:** Occurrence of the same resistance genes in bacteria from animal and human origin

Many antimicrobial agents (tetracyclines, erythromycin, penicillins, chloramphenicol, gentamicin, streptomycin) have been used in **human** and **veterinary medicine**, **horticulture** and **aquaculture** since the 1950s.



Various transfer processes **in any direction** have taken place since then

**Origin of resistance genes ?**

# Do the resistant strains of animal origin cause clinical diseases in humans ?

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Both, resistant and susceptible strains of zoonotic bacteria, such as *Salmonella* or *Campylobacter* are well-documented in the literature as causes of infections in humans.

Human infections due to bacterial genera/species carrying resistance genes of presumable animal origin have also been reported.

- *vanA*-carrying *E. faecium*
- uropathogenic *E. coli* carrying *sat* or *aac(3')-IV* genes

# Treatment implications of resistant strains causing clinical diseases in humans ?

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*Salmonella* : Nontyphoidal *Salmonella* infections usually do not require antibiotic treatment - **treatment failures** (e.g. **fluoroquinolones**) have been documented in single cases

*Campylobacter* : antibiotic treatment only for prolonged and severe cases of gastroenteritis or for invasive diseases; macrolides (1<sup>st</sup> choice), fluoroquinolones (2<sup>nd</sup> choice)

*Enterococci* : infections occur mainly in patients with compromised host defence / invasive surgery **treatment failures have been documented** occasionally when multiresistant strains were involved

## Further aspects

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1. Importation of resistant strains / resistance genes  
(free trade - open markets - global control)
2. Other (co-)selective pressures (biocides, disinfectants, heavy metals, etc.)
3. Residues - possible selective pressure
4. Hazard identification for single species (*Salmonella enterica*, *Campylobacter jejuni*) - or general approaches for e.g. zoonotic bacteria
5. Slow reversibility of resistant strains to susceptibility

Most important factor in “Hazard Identification”:

**Transfer of resistant strains from food animals  
to humans**