

**THE PRESENCE OF MEC A GENE IN METHICILLIN –RESISTANT
STAPHYLOCOCCUS AUREUS STRAINS (MRSA) ISOLATED FROM SURFACES OF
PLANTS IN AL – BEIDA HOSPITAL GARDEN**

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ABSTRACT

MRSA is one of the most worrisome microorganisms in hospitals, as they cause serious health problems. Detection of mec A gene of this pathogen must be used as a rapid screening method for detection of MRSA isolate. The molecular result documented that all six Staphylococcus aureus isolates showed positive results of mec A gene. And MRSA in the plant surfaces this indicates possible spread of these strains from hospital into community.

KEYWORDS: MRSA – Identification - PCR – mec A gene.**INTRODUCTION**

Methicillin-resistant *Staphylococcus aureus* (MRSA) has been noted as the main problem in many countries and appropriate identification methods were developed for rapid detection of MRSA. The method was based on the polymerase chain reaction (PCR) which is a scientific technique in molecular biology used to amplify a piece of DNA to generate thousands to millions of copies of a particular DNA sequence. (Joshi and Deshpand, 2011). (Rajamani *et al.*, 2017)

Nowadays, *S. aureus* is the cause of major health problems in many countries. Due to its ability to cause threatening infections and adapt to different environmental conditions Stefani and Gglio (2010), Yok-Ai and Philippe (2010). Moreover, their ability to develop effective mechanisms against anti-Staphylococcal drug (Navratna *et al.*, 2010). In addition, different antimicrobial susceptibility methods were used for identification of MRSA, such as oxacillin disk diffusion Mohanasoundaram and Lalitha (2008), Struelens *et al.*, (2009). Therefore, there are many reports that it is necessary to use more fast and accurate tool such as PCR assay (Hallin *et al.*, 2003).

The gene called mecA is a gene present in bacterial cells. The bacterium known as MRSA is the most widely recognized carrier of the mecA gene (Japoni *et al.*, 2004). Besides in the species *Staphylococcus*, mecA is distributed on the genetic factor SCCmec (Ghaznavi-Red *et al.*, 2010, Shore and Coleman, 2013, Padmavathi, 2019). The mec A gene which encodes penicillin – binding protein 2a (PBP 2a). a large mobile genetic variable that differs in size and genetic composition

between different MRSA strains (Lim *et al.*, 2002 and Padmavathi, 2019). This protein is responsible for MRSA resistance to methicillin (Hallin *et al.*, 2003) and it can be passed to other bacteria (Zúñiga *et al.*, 2019).

The mec A gene are highly conserved among Staphylococcal organisms, molecular amplification of the mecA gene is used to identify MRSA strains with mecA gene because it was found to be more sensitive in detecting the mec gene Berger-Bächli, (1999) and Nasution *et al.*, (2018)

The purpose of this work was to detect the mec A gene in *Staphylococcus aureus* (MRSA) strains were contaminated the surfaces of plants in AL – Beida hospital garden. And evaluate usefulness of amplification of mec A gene and its reliability in the identification of MRSA strains.

MATERIAL AND METHODS**Collection and identification of samples**

Samples were collected by swabs from the surface plants in the hospital garden and placed on a selective Media of Mannitol salt agar and were incubated at 37°C for 24 and 48 hours. All suspected *S. aureus* colonies were plated onto blood agar. Identification of *S. aureus* suspicious grown colonies was based on Gram staining and standard biochemical reactions, including catalase, coagulase and antibiotic (oxacillin) susceptibility test.

Gram stain

The most common and useful staining procedure is the gram stain which separates bacteria into two groups according to the composition of their cell wall and was

done as described (De La Maza *et al.*, 1997)

Coagulase test

Coagulase test was done according to (De La Maza *et al.*, 1997)

Catalase test

Transfer a small amount of bacterial colony to a surface of clean, dry glass slide using a loop or sterile and then Place a drop of 3% H₂O₂ on to the slide and mix. A positive result is the rapid evolution of oxygen (within 5-10 sec.) as evidenced by bubbling. Negative result is no bubbles or only a few scattered bubbles (De La Maza *et al.*, 1997).

Antibiotic susceptibility test

Susceptibility test was performed by streaking the colonies (about 5×10^8 cells) on Nutrient agar (Becton Dickinson, UK) using the Kirby-Bauer disc diffusion technique. The following antibiotic at given concentration was used: Oxacillin (OX) 1mcg and incubated at 37 °C for overnight (Bauer *et al.*, 1966) and (Avendaño, 2010)

Detection of *mecA* gene by PCR technique

The standard PCR assay was performed using the DNA amplification instrument Mastercycler gradient (Eppendorf, Germany) to identify MRSA strains. Cellular DNA was obtained from *Staphylococci* colonies grown overnight on blood agar plates using DNA

Extraction Kit (bioneer Co., Korea) in accordance with manufacturer's instructions. The *mecA*- specific primer pairs used for amplification of 533 base pair (bp) fragment are forward, 5'-AAAATCGATGGTAAAGGTTGGC-3', and revers, 5'-AGTTCTGGAGTACCGGATTTGC-3' (Bühlmann *et al.*, 2008). A volume of 1 μ L of prepared DNA (0.5 μ g) was added to a final volume of 25 μ L PCR mixture containing 10 μ L of 2x Master Mix (Ampliqon, Denmark), including 1x PCR buffer, 1.5 mmol/L MgCl₂, 0.15 mmol/L dNTP, and 1.25 IU Taq DNA polymerase, (Ampliqon Co., Denmark), 0.7 μ L of 0.8 μ mol/L each primer and 12.6 μ L of sterile distilled water. The thermal cycling protocol for PCR was comprised 95 °C for 3 min, followed by 33 cycles of 94 °C for 1 min, 53 °C for 30 s and 72 °C for 1 min, with a final extension at 72 °C for 6 min. the amplified products were visualized by electrophoresis in 2% agarose gels stained with ethidium bromide (Pournajaf *et al.*, 2014)

RESULTS

Biochemical tests for the confirmation of *S. aureus*

For the confirmation of *S. aureus* in specific medium of manitol salt agar it gives yellow colour after the incubation time (fig.1a), It contains a high concentration 7.5-10.0 % of NaCl salt (Anderson and Cindy, 2013), Gram stain (fig.1b), cogalase and catalase tests are positive so they confirm the *S. aureus* organism (Table.1).

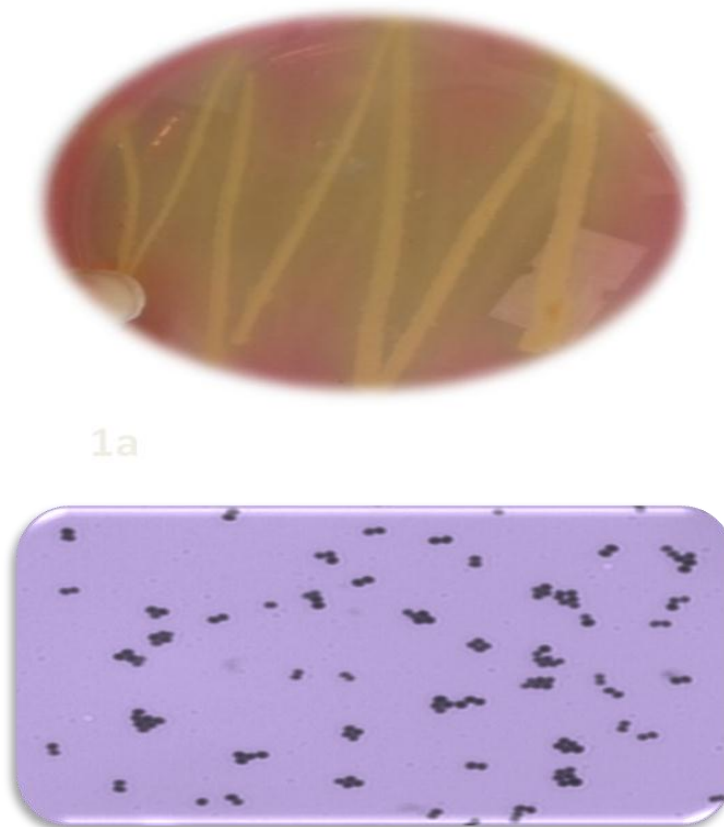


Fig.1a *S. aureus* on specific medium of manitol salt agar it gives yellow color (fig.1b positive Gram stain).

Antibiotic susceptibility test

The test result showed that all selective strains were resistance to oxacillin by using oxacillin disk diffusion method (Table.1). Oxacillin is the best indicator antibiotic (De La Maza *et al.*, 1997). *S. aureus* were resistance to methicillin. (Al-Alak and Qassim, 2016)

and (Kader *et al.*, (2011) reported that most of isolates were resistant to methicillin and Oxacillin discs. Isolated bacteria showed resistance against oxacillin and erythromycin in most cases (Naghavi-Behzad *et al.*, 2015 and Panlilom *et al.*, 1992)

Table. 1 Biochemical tests for the confirmation of *S. aureus*.

Strain No.	Gram stain	Coagulase	catalase	manittol fermentation	Resistance to oxacillin
1	+	+	+	+	R
2	+	+	+	+	R
3	+	+	+	+	R
4	+	+	+	+	R
5	+	+	+	+	R
6	+	+	+	+	R

Detection of *mecA* gene by PCR technique

The present study, the polymerase chain reaction (PCR) was used to detect the methicillin resistance determinant by amplifying a 533 – bp region of the *mec A* gene. The results indicated that all selective six isolates were confirmed as MRSA based on the presence of *mec A* gene in *S. aureus* strains, which were resistance to oxacillin (Fig.1). Amplification of DNA by PCR is rapid,

specific, sensitive and accurate and valuable diagnostic tool for identification of MRSA, particularly in clinical microbiology laboratories (Kumurya, 2015). (Al-Alak and Qassim, 2016) reported that the staphylococcus isolated from patient were confirmed as *S. aureus* by using *mecA* gene. Moreover the *S. aureus* (MRSA) were detected in all samples of west water treatment plant by using PCR (*mec A* gene) Börjesson *et al.*, 2009.

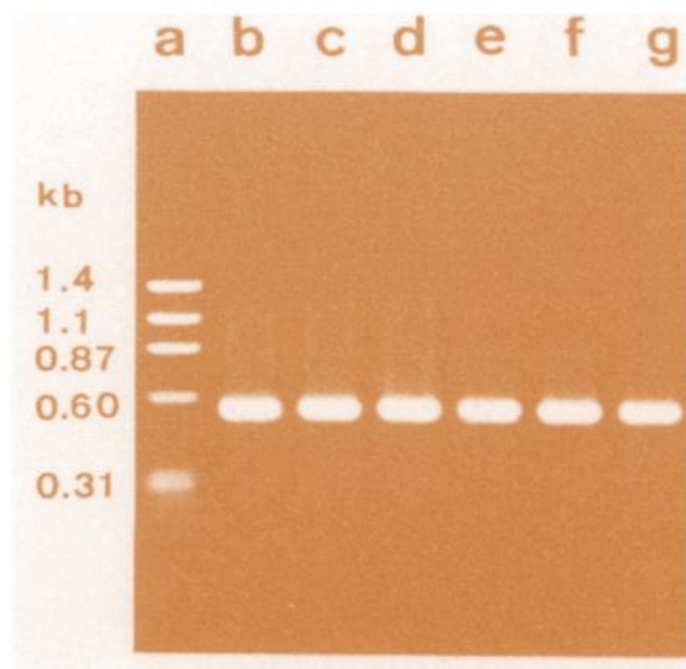


Fig.1 PCR amplification of *mec A* gene in six selected isolates of *S.aureus* Lane a: marker Lane b - g PCR product of *mec A* gene (533bp).

IN CONCLUSION

our findings indicate that PCR based detection of MRSA is highly recommended. Moreover, the samples were collected from plants were nearest windows in hospital. MRSA on the plant surfaces indicate possible spread of these strains from hospital into community.

REFERENCES

1. Al-Alak, S. and Qassim, D. Molecular Identification of 16S rRNA gene in *Staphylococcus aureus* Isolated from Wounds and Burns by PCR Technique and Study Resistance of Fusidic acid. Iraqi Journal of Cancer and Medical Genetics, 2016; 9(1): 25-30.
2. Anderson and Cindy. Great Adventures in the Microbiology laboratory (7th ed.). Pearson, 2013; 175-176. ISBN 978-1-269-39068-2.

3. Avendaño, R.P.A. Identification and study of antimicrobial sensitivity of isolated nosocomial bacteria in veterinary hospital enclosures of the University of Chile. Veterinary medical title report. Fac. Veterinary and animal sciences, 2010; 54.
4. Bauer, A.W., Kirby, W.M.M., Sherris, J.C., and Turck, M. Antibiotic susceptibility testing by a standardized single disk method. The American Journal of Clinical Pathology, 1966; 45(4): 493-496.
5. Berger-Bächi, B. Genetic basis of methicillin resistance in *Staphylococcus aureus*. Cellular and Molecular Life Sciences, 1999; 56: 764-770.
6. Börjesson, S., Melin, S. Matussek, A. and Lindgren, Per-Eric. A seasonal study of the *mecA* gene and *Staphylococcus aureus* including methicillin-resistant *S. aureus* in a municipal wastewater treatment plant, Water Research, 2009; 43(4): 925-932.
7. Bühlmann, M., Bögli-stuber, K., Droz, S. and Mühlemann, K. Rapid screening for carriage of methicillin-resistant *Staphylococcus aureus* by PCR and associated costs. Journal Clinical Microbiology, 2008; 46(7): 2151-2154.
8. De La Maza, L.M. Pezzlo, M. T. and Baron, E. J. Color atlas of diagnostic microbiology, 1997; 36. Mosby year book, Inc.
9. Ghaznavi-Rad, E., Shamsudin, M., Sekawi, Z., Belkum, A. and Neela, V. Asimplified multiplex PCR assay for fast and easy discrimination of globally distributed staphylococcal cassette chromosome *mec* types in methicillin resistant *Staphylococcus aureus*. Journal of Medical Microbiology, 2010; 59: 1135-1139.
10. Hallin, M., Maes, N., Byl, B., Jacobs, F., De Ghelder, Y. and Struelens, M.J. Clinical impact of a PCR assay for identification of *Staphylococcus aureus* and determination of methicillin resistance directly from blood cultures. Journal Clinical Microbiology, 2003; 41(8): 3942-3944.
11. Japoni, A., Alborzi, A., Orafa, F., Rasouli. M. and Farshad, S. Distribution patterns of methicillin resistance genes (*mec A*) in *Staphylococcus aureus* isolated from clinical specimens. Iranian Biomedical Journal, 2004; 8(4): 173-178.
12. Joshi, M. and Deshpande, J. D. Polymerase chain reaction methods, Principles and application. International Journal of Biomedical Research, 2011; 2(1): 81-97.
13. Kader, O.; Ebid, S., Mostafa, N., El Sayed, S. H. & Ghazal, A. Detection of community acquired methicillin resistance *Staphylococcus aureus* among *Staphylococcus aureus* isolates. Journal American Science, 2011; 7(1): 26.
14. Kumurya, A.S. Antimicrobial resistance and infection control. 3d international conference on prevention and infection control (ICPIC 2015) Geneva, Switzerland, 2015; 4(1): 196.
15. Lim, T.T., Goombs, G.W., Grubb, B. B. Genetic organization of *mecA* and *mecA* – regulatory genes in epidemic methicillin- resistance *S. aureus* from Australia and England. Journal of antimicrobial chemotherapy, 2002; 50(6): 81 9-24.
16. Mohanasoundaram, K.M. and Lalitha, M.K. Comparison of phenotypic versus genotypic methods in the detection of methicillin resistance in *Staphylococcus aureus*. Indian Journal of Medical Research, 2008; 127(1): 78-84.
17. Naghavi-Behzad, M. M., Akhi, M.T, Alizadeh, M., Sadeghi, G., Jafarzadeh, S. S, Sohrab-Navi, Z., Bagheri-Asl, M. M., Barband, S., Sadeghi, G., and Asghari, B. *Staphylococcus aureus*: resistance pattern and risk factors. Journal Annual Research Clinical Medicine, 2015; 3(1): 43-50.
18. Nasution, G. S., Suryanto, D., and Lia Kusumawati, R. L. Detection of *mecA* gene from methicillin resistant *staphylococcus aureus* isolates of north sumatera. IOP Conf. Series: Earth and Environmental Science, 2018; 130.
19. Navratna, V. Nading, S., Sood, V., Prasad, K. Arakere, G. and Gopal, B. Molecular bases for the role of *Staphylococcus aureus* penicillin binding protein-4 in antimicrobial resistance. Journal of Bacteriology, 2010; 192(1): 134-144.
20. Padmavathi, B. B. Study of methicillin beta lactam antibiotic with penicillin binding protein 2A. Research journal of life sciences, bioinformatics, Pharmaceutical and Chemical Sciences, 2019; 5(2): 642-658.
21. Panlilio A.L., Culver, D. H.; Gaynes, R. P., Shailen Banerjee, S., Henderson, T. S., Tolson, J. S. and Martone, W. J. Methicillin-resistant *Staphylococcus aureus* in U.S.hospitals, 1975-1991. Infection Control and Hospital Epidemiology, 1992; 13: 582-586.
22. Pournajaf, A., Ardebili, A. Goudarzi, L., Khodabandeh, M. Narimani, T. and Abbaszadeh, H. PCR-based identification of methicillin- resistant *Staphylococcus aureus* strains and their antibiotic resistance profiles. Asian pacific journal of tropical biomedicine, 2014; 4(1): 5293-5297.
23. Rajamani, M., Johny, J. and Ragunathan, R. Detection of *mecA* Gene Associated with Methicillin Resistant *Staphylococcus aureus* and its Alternatives using Nanoparticles and Chia Seeds. International Journal of Medical Research & Health Sciences, 2017; 6(11): 67-75.
24. Shore, A.C. and Coleman, D. C. Staphylococcal cassette chromosome *mec*: recent advances and new insights. International Journal of Medical Microbiology, 2013; 303: 350-359.
25. Stefani, S. and Gglio, A. Methicillin – resistant *Staphylococcus aureus*: related infections and antibiotic resistance. International Journal of Infection Disease, 2010; 14(1 4): 19-22.
26. Struelens, M.J., Hawkey, P. M. French, G.L., Witte, W, and Tacconelli, E. Laboratory tools and strategies for methicillin – resistant *Staphylococcus aureus* screening surveillance and typing state of the art unmet needs. Clinical Microbiology and

- Infection, 2009; 15(2): 112-119.
27. Yok-Ai, Q. and Philippe, M. *Staphylococcus aureus* (including staphylococcal toxic shock). Int. Mandell GL, Bennett JE., Dolin R, editors, Mandell, Douglas, and Bennett's principles and practice of infectious diseases. Philadelphia, USA: Elsevier, 2010; 195.
 28. Zúñiga B, Jara M.A., Mosnaim A. D. and Navarro. Detection of resistance *mecA* gene in Gram positive bacteria described as nosocomial. American Journal of Biomedical Science and Research, 2019; 340-346.