

OCCURRENCE OF *LISTERIA MONOCYTOGENES* IN READY-TO-EAT FOODS OF ANIMAL ORIGIN AND ITS ANTIBIOTIC SUSCEPTIBILITY PROFILE, BISHOFTU AND DUKEM TOWNS, CENTRAL ETHIOPIA

Sintayehu Fisseha*

Addies Abeba, Ethiopia.

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Corresponding author: Sintayehu Fisseha
Addies Abeba, Ethiopia.

ABSTRACT

Listeriosis is one of the most important food-borne bacterial zoonotic diseases worldwide caused by *Listeria* species, as a result of food and environmental contamination. This disease is becoming an emerging bacterial disease, with low incidence but high case fatality rate. Across-sectional study was performed from November 2016 to April 2017 in Bishoftu and Dukem town of Central Ethiopia. Our study was aimed to determine the occurrence of *Listeria monocytogenes* and its antibiotic susceptibility profile from ready-to-eat foods (raw milk, pasteurized milk, yogurt, cottage cheese, ice cream, raw beef, chicken and fish) of animal origin. A total of 340 food samples were collected randomly and bacterial isolation was performed according to the United States Food and Drug Administration protocol. Of the samples examined, 112 (32.9%) were found to be positive for *Listeria* species. The percentage of occurrence in each food item was 52.5% in cottage cheese, 50% in raw beef, 33.75% in raw milk, 16% in ice cream, 20% in yogurt, chicken and fish and 8% in pasteurized milk. *L. monocytogenes* was detected in 5.8% of the samples analyzed. It was isolated mainly from chicken and yogurt 3.3%, cottage cheese 5%, raw milk 8.7%, followed by raw beef 11.2%. In addition other *Listeria* species were identified as *L. grayi* 9.7%, *L. innocua* 5.2%, *L. seeligeri* 3.5%, *L. welshimeri* 2.9%, and *L. ivanovii* 2.6%. It was shown that *L. monocytogenes* and other *Listeria* species were found in ready-to-eat foods of animal origin. Antibiotic susceptibility test revealed resistant of 80% for Penicillin, 40% for Nalidixic acid, 15% for Tetracycline and 10% for Ceftriaxone and Ampicillin, while 100% of the isolates were susceptible to sulfamethoxazole, streptomycin, Clindamycin and Oxacillin. In general this study revealed that *L. monocytogenes* and other *Listeria* species were detected in ready- to-eat food of animal origin in two town of central Ethiopia and the majority of them are susceptible to most antibiotics tested but resistant to penicillin and nalidixic acid.

KEYWORDS: Bishoftu, Dukem, *Listeria* species, *L. monocytogenes* Ready-to-eat food of animal origin.

1. INTRODUCTION

Listeriosis is one of the most important emerging food-borne bacterial zoonotic diseases of human being acquired through consumption of contaminated food of animal origin (OIE, 2008). Soil contamination and ingestion of contaminated food are the primary modes of transmission (Fentahun and Fresebehat, 2012). Ingestion of foods like fresh and soft cheese, raw meat, and fish may be the cause of sporadic cases or outbreaks. Animals are exposed by ingestion, inhalation, or direct contact with the *Listeria* bacterium. In animals, *Listeria* species is most frequently transmitted by contaminated silage feeding. It is most often found in silage that is poorly fermented with a pH 5.69 (Nightingale *et al.*,

2004). *L. monocytogenes* can be transmitted directly from by handling of aborted fetus and specimens from infected animals (Ramaswamy *et al.*, 2007).

The genus *Listeria* consisted of six species *Listeria monocytogenes*, *L. ivanovii*, *L. innocua*, *L. welshimeri*, *L. seeligeri* and *L. grayi* (OIE, 2014). Of these *L. grayi*, *L. monocytogenes* and *L. ivanovii* are pathogenic (Liu *et al.*, 2006) While, *L. monocytogenes* has been known to cause listeriosis in humans and animals (Schukken, 2003). *L. ivanovii*, which causes abortion in animals (Low and Donachie, 1997). Sporadic human infections due to *L. seeligeri* and *L. innocua* have also been reported (Perrin *et al.*, 2003), the rest species reported are not identified properly (Schmitt, 2003).

Listeriosis is ubiquitous in the environment and they are often found in animal products such as raw milk and meat due to unsanitary practices during milking and slaughtering (Schuchat *et al.*, 1991). *Listeria* species with its unique physiological characteristic can survive in temperatures from -7°C to 45°C (Gandhi, 2006). All members of the genus *Listeria* are widely distributed in nature and have been isolated from soil, vegetation, sewage, water, and animal feed, fresh and frozen meat including chicken, slaughter house wastes and in the faeces of healthy animals including humans (McLauchlin, 2004).

Listeriosis has so far been reported and known to cause serial deaths in a number of individuals and in different regions, especially in Europe and the USA (Todar's, 2003). However, in most African countries, there are a few reports on *Listeria* species and listeriosis, when compared to the Europe and USA (Firehiwot, 2007). This is because; the organism has not been given much attention, might be due to lack of adequate facility and life style differences, prevailing poor food handling and sanitation practices. Listeriosis has been treated by various drugs which were effective but reports showed that the trend goes towards resistance (Teuber, 1999). The antibiotic susceptibility test is very important in hospitals to give effective treatment against listeriosis.

Information on the status of food borne Listeriosis and *Listeria species* is limited both in the veterinary and public health sectors in Ethiopia. In addition, the occurrence of the bacteria in foods of animal origin is not yet well documented (Gebretsadik *et al.*, 2011). Previous studies reported the presence of *L. monocytogenes* and other *Listeria* species in food of animal origin in Ethiopia. But our study focused on ready- to- eat food of animal origin mainly from public dinning places, milk collection centers, supermarkets, Butcher house and milk processing companies of Bishoftu and Dukem town.

Hence, the general objective of the present study was to undertake to determine the occurrence of *listeria species* and antibiotic susceptibility profile of *listeria monocytogenes* isolated from ready to-eat foods of animal origin collected from Bishoftu and Dukem town, central Ethiopia.

Therefore the specific objectives of this study were:

- To isolate and identify *Listeria monocytogenes* from ready-to-eat foods of animal origin from Bishoftu and Dukem town public dinning places and processing companies, Ethiopia.
- To conduct antibiotic susceptibility profile test on *Listeria monocytogenes* isolated from ready-to-eat foods of animal origin.

2. MATERIALS AND METHODS

2.1 Study Areas

The study was conducted between November 2016 to April 2017 in two towns of central Ethiopia, namely

Bishoftu and Dukem. Bishoftu is located 47 km south east of Addis Ababa at 9°N latitude, 40°E longitude and at an altitude of 1850 meters above sea level. Bishoftu experiences a bimodal pattern of rainfall with the long rainy season extending from June to September and a short rainy season from March to May and dry season from October to February with an average annual rainfall of 800mm. The mean annual minimum and maximum temperature is 12.3°C and 27.7°C , respectively, with an overall average of 18.7°C . The mean relative humidity is 61.3% (CSA, 2006). According to (Geo names, 2014) geographical data base the population of Bishoftu is 104,215. The town is a hub of 8 restaurants, 216 cafeteria, 4 milk processing companies 136-hotel, 150-supermarket and 250- butchers shop where most of them provide ready- to- eat food of animal origin for both the inhabitants - tourists and Addis Ababa market.

Dukem is located 37 km south east of Addis Ababa at $8^{\circ}48'\text{N}$ latitude $38^{\circ}54'\text{E}$ longitude and an elevation of 2100 meters above sea level. Dukem experiences a bimodal pattern of rainfall with the long rainy season extending from June to September and a short rainy season from March to May and dry season from October to February with an average annual rainfall of 800mm. The mean annual minimum and maximum temperature is 25.83°C and 11.9°C , respectively, with an overall average of 18.86°C . The mean relative precipitation is 861mm (CSA, 2006). According to (Geo names, 2014) geographical data base the population of Dukem is town estimated to be around 94,000 and the town is a hub of 5- restaurants, 2- milk collection center, 120- butchers, 80- cafeteria and, 42-supermarket where most of them provide ready- to- eat food of animal origin for both the inhabitants, tourists and Addis Ababa market.

2.2 Study Samples and Their Origin

Ready-to-eat food of animal origin (raw beef, raw milk, Pasteurized milk, cottage cheese, yogurt and ice cream) which are frozen or not and raw but frozen fish and chicken samples were used for this study. Because *Listeria monocytogenes* is a food borne pathogen that is widely dispersed in the environment; it can grow at refrigeration temperature and at un favorable conditions of pH (up to pH 4.7) and salt (up to 10%). The origin of these samples were from Restaurants, butcher house, milk collection center, supermarket, cafeteria and small ice cream shops found at Bishoftu and Dukem town.

2.3 Study Population and Sample Size Determination

This study used raw beef, raw milk, Pasteurized milk, chicken, fish, cottage cheese, yogurt and ice cream as a study population. The approximate sample size required was determined, according to (Thrusfeld, 2005) from previous prevalence of by Molla *et al.*, (2004) 32.6% with defined precision of 5% and level of confidence of 95%.

$$N = \frac{1.962 P \exp (1-P \exp)}{d^2}$$

Where, N = required sample size

P_{exp} = expected prevalence
 d = desired absolute precision

Therefore, by using estimated prevalence of 32.6% in ready-to-eat food of animal origin (raw beef, raw milk, Pasteurized milk, chicken, fish , cottage cheese, yogurt and ice cream and taking a confidence interval of 95% and 5% absolute precision, the minimum sample size required for this study was greater or equal 337 total sample. Accordingly from total of 340 samples comprising of raw meat (80), raw milk (80), Pasteurized milk (25) chicken (30), fish (30), cottage cheese (40), yogurt (30) and ice cream (25) (Table 2).

Table 1: Distribution of the type and number of samples included in the study.

Type of Sample	Proportion of sample
Raw beef	80
Raw Milk	80
Pasteurized Milk	25
Cottage Cheese	40
Yogurt	30
Ice Cream	25
Chicken	30
Fish	30
Total	340

2.4 Study Methodology

2.4.1 Study design

A cross-sectional study design was conducted from November 2016 to April 2017 to determine the occurrence and antibiotic susceptibility profile of *Listeria monocytogenes* isolated from ready-to-eat foods of animal origin (raw beef, raw milk, Pasteurized milk, cottage cheese, yogurt and ice cream) which are frozen or not and raw but frozen (fish, chicken) in Bishoftu and Dukem town, central Ethiopia. Microbiological analysis of the sample was performed at Microbiology laboratory of College of Veterinary Medicine and Agriculture, AAU, Bishoftu. Study samples were collected using simple random sampling based on proportional allocation from a complete list of source.

2.4.2 Sampling technique and sample transportation

A total of 340 ready- to-eat-food of animal origin samples (raw beef (80), raw milk (80), Pasteurized milk (25), cottage cheese (40), yogurt (30) and ice cream (25) frozen or not and frozen (fish (30) and chicken (30) of only Ethiopian products were purchased randomly from municipal licensed retail shops, butchers, cafeterias and open markets of Bishoftu and Dukem towns of Central Ethiopia. Samples of 500gram (solid) or 500 ml (liquid) of each food category were purchased and examined according to the procedures described by the United States Food and Drug Administration and Center for Food Safety and Applied Nutrition (USFDA/CFSAN 2003) and (Curtis and Lee 1995) were employed. For the best possible recovery *Listeria* species were pre-enriched, selectively enriched and selectively plated. In

transporting the samples an icebox containing ice packs was used and further analysis was done immediately upon arrival or stored at freezing temperature. Frozen samples were thawed at room temperature 4-6 hours before processing. All samples were collected aseptically using disposable gloves to avoid contamination, and the samples were labeled with necessary information including the date of sampling, sample code and sample type and source.

2.4.3 Sample preparation and processing

Twenty five (25) grams of raw beef, chicken and fish, sample were chopped from each of the purchased 500 g food samples using sterile knife; this was transferred in to sterile plastic bag which contained 225 ml of buffered *Listeria* pre-enrichment broth (Tryptone soya broth, Oxoid Ltd., Hampshire, UK) and homogenized using a laboratory blender (Stomacher 400, Seward, England) at high speed for 2 minutes. Similarly twenty five (25) milliliter of raw milk, Pasteurized milk and yogurt as well as 25gram of cottage cheese and ice cream from each of the purchased 500 gram or milliliter food samples were homogenized thoroughly using sterile spoon and added to sterile beakers separately.

For the Selective Enrichment those samples prepared above were transferred to sterile plastic bag and kept inside the incubator for 4 hours at 30° C initially and then selective agents were added (acriflavin, naladixic acid and the antifungal agent cycloheximide) and incubation was continued for a total of 48 hours at 30° C for subsequent processing according to the procedures described by the United States Food and Drug Administration and Center for Food Safety and Applied Nutrition (USFDA/CFSAN 2003) and (Curtis and Lee 1995). In our case each Raw milk, pasteurized milk, cottage cheese, yogurt and samples of 25 milliliter and raw beef, chicken and fish and ice cream sample of 25 grams which were incubated at 30 °C for 48 hours in a plastic bag were enriched in 225mL of *Listeria* broth-LEB (Difco Laboratories, Detroit, USA) (1:9 V/V ratio) and after 4 hours of incubation, selective reagents (*Listeria* selective supplement, Difco) were added and the incubation step was carried out at 30°C for 48 hours.

Those samples which were selectively enriched and incubated for 48 hours at 30°C were subjected to Selective Plating. This was done by picking a loop full of colonies showing black color from *Listeria* broth-LEB medium (UVM II, Oxoid Ltd., Hampshire, UK) and streaking onto PALCAM (Merck, Darmstadt, Germany) and OXA(ISO, 1996) agar plates for further incubation at 37°C for 24 to 48 hours.

Identification of *Listeria species* on PALCAM agar plates was based on aesculin hydrolysis and mannitol fermentation. All *Listeria* species hydrolysed aesculin was evidenced by a blackening of the medium. Mannitol fermentation was demonstrated by a color change in the colony and/or surrounding medium from red or gray to

yellow due to the production of acidic end products. The selectivity of the PALCAM medium is achieved through the presence of (Polymyxin Acriflavin Lithium Chloride Ceftazidime Aesculin Mannitol) agar provided by PALCAM antimicrobial supplement (acriflavin, nalidixic acid, cyclohexamide). These agents effectively suppress growth of most commonly occurring non-*Listeria* species of bacteria present in food samples. On PALCAM agar; typical colonies were grey-green with a black sunken center and a black halo, and on Oxford agar, colonies appeared brown black or greenish black with a depressed center and a surrounding black halo (Falana *et al.*, 2003).

2.4.4 Confirmatory Tests

Colonies suspected to be *Listeria species* was transferred on to Tryptose yeast extract agar plate (TSYEA) and incubated at 37°C for 18 to 24 hours. Those assumed *Listeria* colonies were characterized by using primary identification tests (Gram's staining, motility and catalase test) and secondary tests (characteristics of haemolysis, carbohydrate utilization and CAMP (Christie Atkins Munch Peterson).

Primary biochemical/ identification tests

Gram staining was performed by taking *Listeria* suspected colony from the TSAYE (Trypticase Soy Agar with 0.6% Yeast Extract) plate and transferred on a clean microscopic slide. The stain was performed according to the recommended procedure (EC, 1996). The slide was examined under the oil immersion (100x) objective and a characteristic morphology of short rod was found.

Motility test was performed by taking atypical *Listeria* suspected a colony from the TSAYE (Trypticase Soy Agar with 0.6% Yeast Extract) plate and was inoculated into semisolid motility media (EC, 1996). After incubating at 25°C for 2-4 hours, the stabs were examined. *L. species* showed umbrella-shaped growth in the subsurface (Quinn, 2004).

Catalase test was performed by taking a typical *Listeria* suspected colonies from the TSAYE (Trypticase Soy Agar with 0.6% Yeast Extract) and were transferred onto a clean microscopic glass slide and one drop of 3% hydrogen peroxide was added and positive reaction were identified due to the formation of bubble what is the scientific terms here (EC, 1996).

Secondary biochemical/ identification tests

Haemolysis test was performed by taking a loop full of a typical *Listeria* suspected colonies from Trypticase Soy agar with 0.6% Yeast Extract (TSAYE) and streaked onto blood agar plates supplemented with 7% defibrinated sheep Blood and incubated for 24 hours at 35°C. After incubation was examined *L. ivanovii* produces wider zone of hemolysis and *L. monocytogenes* and non pathogenic *L. seeligeri* have narrow zone of beta hemolysis in sheep blood agar (Table -3) (Quinn, 2004).

CAMP was undertaken by using *Staphylococcus aureus* (CI NVI: Collection of Institute of National veterinary institute) streaked vertically on sheep blood agar plate and isolated *Listeria species* from TSAYE (Trypticase Soy Agar with 0.6% Yeast Extract) were streaked horizontally without touching the vertical streaks and incubated for 24-48 hours at 35°C. *L. monocytogenes* showed an enhanced zone of hemolysis, forming an arrow head towards the *S. aureus* culture.

Carbohydrate utilization test was also performed by taking a loop full of isolated colonies from TSYEA and transferring it into 10 ml of carbohydrate utilization broth containing xylose, rhamnose and mannitol (Scharlau, Barcelona, Spain) in each test tube and incubated at 37°C for up to 5 days. Positive reactions were identified by yellow color (acid formation) formation (Kiiyukia, 2003).

Table 2: Biochemical differentiation and identification of *Listeria species*.

	Acid produced from			CAMP test	
	Xylose	Rhamnose	Mannitol	Hemolysis	<i>S. aureu</i>
<i>L. monocytogenes</i>	-	+	-	+	+
<i>L. innocua</i>	-	v	-	-	-
<i>L. ivanovii</i>	+	-	-	++	-
<i>L. seeligeri</i>	+	-	-	(+)	(+)
<i>L. welshimeri</i>	+	v	-	-	-
<i>L. grayi</i>	-	-	+	-	-

2.5 Antibiotic Susceptibility Profile of *Listeria monocytogenes*

Disk diffusion susceptibility tests were performed according to Clinical and Laboratory Standards Institute standard reference procedure (CLSI, 2005). Three to five well isolated colonies of *L. monocytogenes* were transferred into 10 ml Tryptic Soy Broth (TSB, Merck), incubated at 37°C for 24 hours, diluted 1:10 (9 ml 0.1% peptone water) (Merck) to a turbidity equivalent to 0.5

McFarland standard (approximately 108 cfu/ml). This entire surface of a dried Mueller-Hinton Agar (MHA, Merck) plate was rubbed by sterile cotton swab containing suspension of broth cultured organism. The MHA plates were held at room temperature under a biological hood for 10 minutes to allow evaporation/adsorption of free surface liquid (Morobe *et al.*, 2009).

Antibiotic discs like Tetracycline 30 μ , Sulfamethoxazole, 25 μ g Amoxicilline, 25 μ g, Oxacillin 30 μ , Penicillin 10 μ g, Ampicilline 10 μ g, Clindamycin 10 μ g, Nalidixic acid 30 μ g, Ceftriaxone 30 μ g and Streptomycin 25 μ g (Oxoid) were placed on the surface of each inoculated MHA plate. After incubation at 37°C for 24 hours, the diameter (in of the zone around each disk was measured and interpreted in accordance with the Clinical and Laboratory Standards Institute Standards guidelines (Wikler, 2006) to classify the antibiotic susceptibility profile of each isolate.

2.6 Data Management and Analysis

Data was entered and analyzed using descriptive statistics to describe the frequency of listeria species from different food samples, antimicrobial susceptibility pattern. STATA version 13 was used to compare prevalence of groups, chi-square (χ^2) test, and the odds ratio for samples and sample source in relation to recovery rate was calculated, p-value less than 0.05 were considered to be significant.

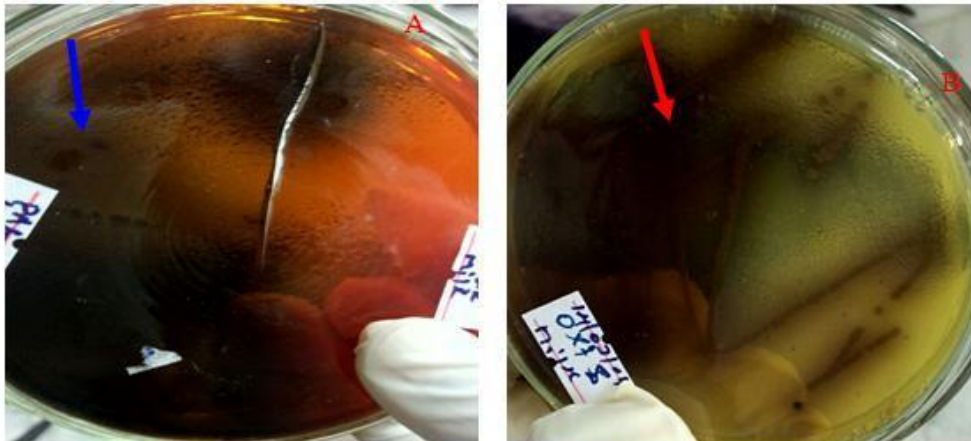


Figure 1: PALCAM (A) and Oxford (B) agar plates were evidenced by a blackening and brown black or greenish black of the medium respectively.

3.1.2 Gram's staining, catalase and motility test

Up on Gram staining all *Listeria* species were examined and were found to be gram positive with morphology of rod and slim short rod under the microscopic (figure 7A). The Catalase test was also revealed by gas bubbles

3. RESULTS

3.1 Bacterial Isolation

3.1.1 Colony characteristics

Microbiological analysis was performed after selectively plating of the food items which were processed by selective enrichment. After selective plating on *Listeria* broth-LEB medium (UVM II, Oxoid Ltd., Hampshire, UK) characteristic black colored colonies were observed. A loop full of these black colored colonies was further plated on PALCAM (Merck, Darmstadt, Germany) and OXA (ISO, 1996) agar plates. The colony characteristic on PALCAM agar plates was evidenced by a blackening of the medium as a result of aesculin hydrolysis where as Mannitol fermentation was demonstrated by a color change in the colony and/or surrounding medium from red or gray to yellow due to the production of acidic (figure 5A indicate blue arrow). Whereas the colony characteristic on Oxford agar, was examined and the colonies appeared brown black or greenish black with a depressed center and a surrounding black halo (figure 5B indicate arrow).

(Oxygen) formation for all *Listeria* species (figure 7B). The Motility of *Listeria* species were observed at 20-25°C by forming umbrella growth pattern around the stabs.

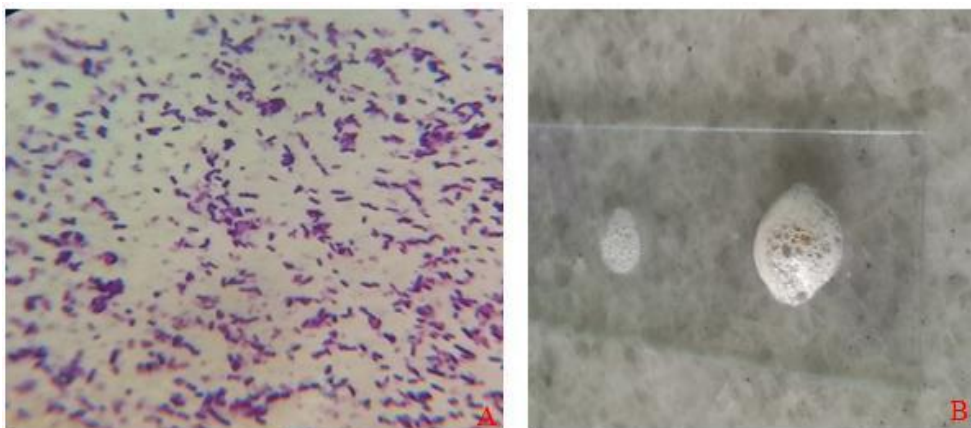


Figure 2: Gram staining (A) and Catalase test (B) result of *Listeria* species isolated.

3.1.3 Haemolysis

A loop full of black colored colonies from PALCAM were streaked on Blood Agar (Oxoid Ltd., Hampshire, UK) supplemented with 5% sheep blood hemolytic *Listeria* species showed narrow slight zones of clearing (β -haemolysis) for *Listeria monocytogenes*, wide clear zones of β -haemolysis for *L. ivanovii* and no clear zone for *L. innocua* around the stabs (figure 9).

3.1.4 Carbohydrate utilization test

For this purpose colonies suspected of listeria species from TSYEA was transferred into a tube of containing 10 ml of carbohydrate utilization broth supplemented with xylose, rhamnose and mannitol (Scharlau, Barcelona, Spain) and incubated at 37°C 13 for up to 5 days. After that yellow color (acid formation) formation was observed and interpreted as positive reaction (figure 7A&B).

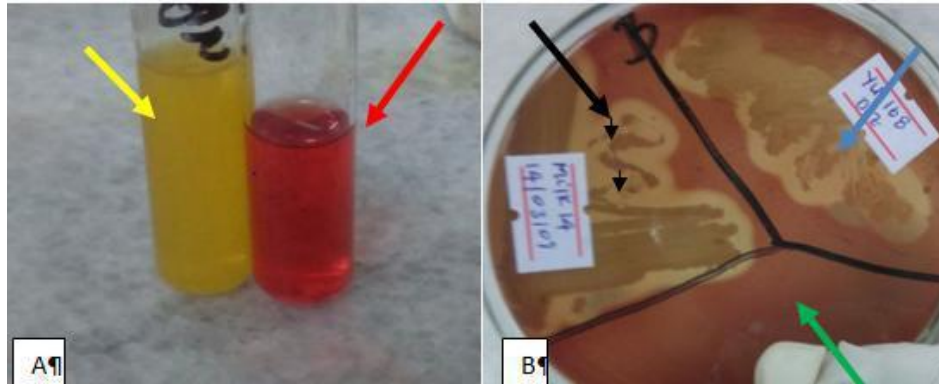


Figure 3: Carbohydrate utilization (xylose, rhamnose and mannitol) A) Positive for yellow color arrow and Negative for red color and fig-B) hemolytic nature of Listeria species on the blood agar plates black color arrow for *L. ivanovii* & blue color arrow for *Listeria monocytogenes* & green color for Negative control.

3.1.5 CAMP test

Colonies suspected of *listeria species* were transferred onto Tryptose yeast extract agar (Tryptone soya broth, Oxoid Ltd., Hampshire, UK) and incubated at 37°C for 18 to 24 hours. This test was carried out using standard strain of *Staphylococcus aureus* (CI NVI: Collection of Institute of National veterinary institute) by streaking vertically on sheep blood agar and streaking test organisms horizontally (perpendicular) to *S. aureus* streak. Test results were read and an enhanced arrow head zone of β hemolysis between the test strain and the culture of *S. aureus* was considered a positive reaction. *L. monocytogenes* showed an enhanced zone hemolysis, forming an arrow head towards the *S. aureus* culture and *L. seeligeri* shows weak hemolysis while other *Listeria* species are not hemolytic.

3.2 Occurrence of Listeria Species from Food item

Out of a total of 340 food samples analyzed, 112 (32.9%) were positive for Listeria species. Listeria species were isolated from Raw beef, fish, chicken, raw milk, cottage

cheese, yogurt, ice cream and pasteurized milk samples in different study site. The occurrence of listeria species between the two study sites in different ready-to-eat food of animal origin was also seen. Out of 190 and 150 ready-to-eat food of animal origin collected from Bishoftu and Dukem town 63 and 49 were found to be contaminated by one of listeria species. The level of contamination of food samples by Listeria species varied where cottage cheese (52.5%) takes the largest share of all sample types followed by raw beef (50%) and raw milk (33.75%). Contamination was also found in yogurt, chicken and fish (20%), ice cream (16%) and pasteurized milk (8%) in a decreasing order (figuer-8). Statistical significant association between the food type and listeria species was found raw milk, cottage cheese and raw beef at ($X^2= 34.6$, P-value= 0.000) significant level. In this study the Odds ratio of contamination of food items by listeria species was seen at 12.71 and 11.5 time higher in Cottage cheese and raw beef as compared to the reference pasteurized milk (Table: 4).

Table 3: Detection of Listeria species in different food item of animal origin.

Type of sample	Number	No positive	Mean	P-value	OR	X ²	P-value
Pasteurized milk	25	2(8%)	0,080	Ref	1,0**	34,6	0000
Cottage cheese	40	21(52.5%)	0,525	0.002	12,71		
Chicken	30	6(20%)	0,200	0.223	2,87		
Fish	30	6(20%)	0,200	0.223	2,87		
Ice cream	25	4(16%)	0,160	0.393	2,19		
Raw beef	80	40(50%)	0,500	0.022	11,50		
Raw Milk	80	27(33.75%)	0,338	0.022	5,86		
Yogurt	30	6(20%)	0,200	0.223	2,87		
Total	340	112(32.9%)					

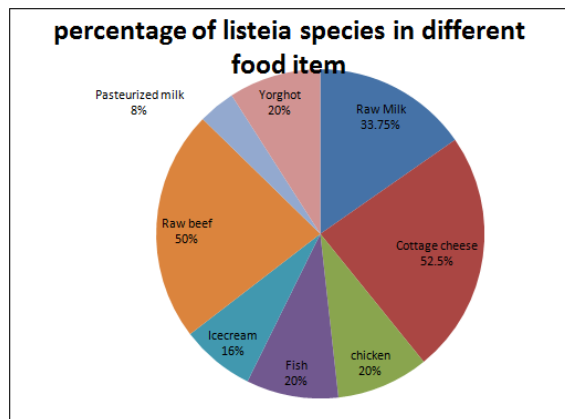


Figure 1: percentage of in different food item of animal origin

The distribution of listeria species isolated from different types of food samples is presented in Table 5. The dominant listeria species isolated in the present study was *Listeria grayi* 33(9.7%). It was frequently detected in cottage cheese 10(25%), raw beef 8(10%) raw milk 6(7.5%), Chicken and fish 3(10%) followed by ice cream 2(8%) and Yogurt 1(3.3%) samples. *L. monocytogenes* was the second most frequently isolated *Listeria* species 20(5.8%). Among the food samples analyzed, the occurrence of *L. monocytogenes* was the highest in raw beef 9(11.2 %), raw milk 7 (8.75%), cottage cheese 2(5%) followed by yogurt and chicken 1(3.3%) food samples. *L. innocua* (5.3%), *L. Seeligeri* 3.5%, *L. welshimeri* and others 2.9% was isolated on different food item.

Table 4: Distribution of Listeria species isolated from various types of food samples.

<i>Listeria species</i>	Raw milk	Pasteurized milk	Yoghurt	Cottage Cheese	Ice cream	Raw beef	Chicken	Fish	Total n=340
<i>L.monocytogenes</i>	7	0	1	2	0	9	1	0	20(5.8%)
<i>L. innocua</i>	4	0	2	1	2	6	0	3	18(5.29%)
<i>L. ivanovii</i>	2	1	1	2	0	3	0	0	9(2.6%)
<i>L. grayi</i>	6	0	1	10	2	8	3	3	33(9.7%)
<i>L. seeligeri</i>	2	1	0	3	0	6	0	0	12(3.5%)
<i>L. welshimeri</i>	3	0	0	0	0	5	2	0	10(2.9%)
Others	3	0	1	3	0	3	0	0	10(2.9%)
Total	27(33.7%)	2(8%)	6(20%)	21(52.5%)	4(16%)	40(50%)	6(20%)	6(20%)	112(32.9%)

3.3 Occurrence of Listeria Species from different sources

The occurrence of *Listeria* species varied between sample sources. Out of 340 types of food samples collected from the cafeterias, restaurants, milk collection centre, milk processing companies, butcher shops, supermarkets, hotels and open market; the highest percentage of occurrence was found from samples collected from butchers shop (61.5%) and open market (53.3%) followed by samples collected from milk collection center and hotels (34%).The lowest percentage

of listeria organism isolation was found in sample collected from Cafeteria (11.1%).Statically significant association between sample source and isolation of listeria organism was seen from sample obtained from butcher shop, open market and milk collection center and hotels at $X^2= 28.9172$, $p<0.05$. In this study the Odds ratio of having *Listeria species* among sample source was seen at 12.800 times higher in butcher shop as compared to the reference sample source cafeterias (Table 6).

Table 5: Overall prevalence of Listeria species from different source of samples.

Sample source	Collected sample	Prevalence (%)	OR	P-value
Cafeterias	27	11.1%	1.00**	
Restaurants	45	31.1%	3.613	0.063
Milk collection canter	80	33.7%	4.075	0.032
Milk processing companies	16	18.75%	1.846	0.489
Butchers shop	39	61.5%	12.800	0.000
Supermarkets	52	23%	2.400	0.208
Hotel	62	33.8%	4.098	0.035
Open mark ate	15	53.3%	9.143	0.006
**Reference				

3.4 Antibiotic Susceptibility Test

In the present study a total of 20 isolates of *Listeria monocytogenes* were tested for antibiotic susceptibility. Out of twenty isolates of *L.monocytogenes* 3(15%) of them were found to be resistant to tetracycline, 16(80%) to penicillin, 8(40%) Nalidixic acid, 2(10%) Ceftriaxone

and Ampicillin; All isolates were susceptible to sulfamethoxazole, streptomycin, Clindamycin and Oxacillin. Intermediate susceptibility of some isolate was found to tetracycline, amoxicillin, penicillin, nalidixic acid and Ceftriaxone. The majority of the isolates were susceptible to the entire antibiotic disc except penicillin

and Ceftriaxone (Table 7).The diameter of zone of inhibition was measured in millimeter (Figure 9). The study also revealed multi-drug resistance isolates in 2/20

(10%), 3/20 (15%) for two and two or more antibiotics respectively.

Table 6: Antibiotic susceptibility profile of isolated *L. monocytogenes* (n=3).

Antibiotics	Resistance	Intermediate	Susceptible
Tetracycline	3(15%)	9(45%)	8(40%)
Sulfamethoxazole	0	0	100%
Amoxicillin	0	3(15)	17(85%)
Oxacillin	0	0	100%
Penicillin	16(80%)	3(15%)	1(5%)
Ampicillin	2(10%)	0	18(90%)
Clindamycin	0	0	100%
Nalidixic acid	8(40%)	2(10%)	10(50%)
Ceftriaxone	2(10%)	16(80%)	2(10%)
Streptomycin	0	0	100%

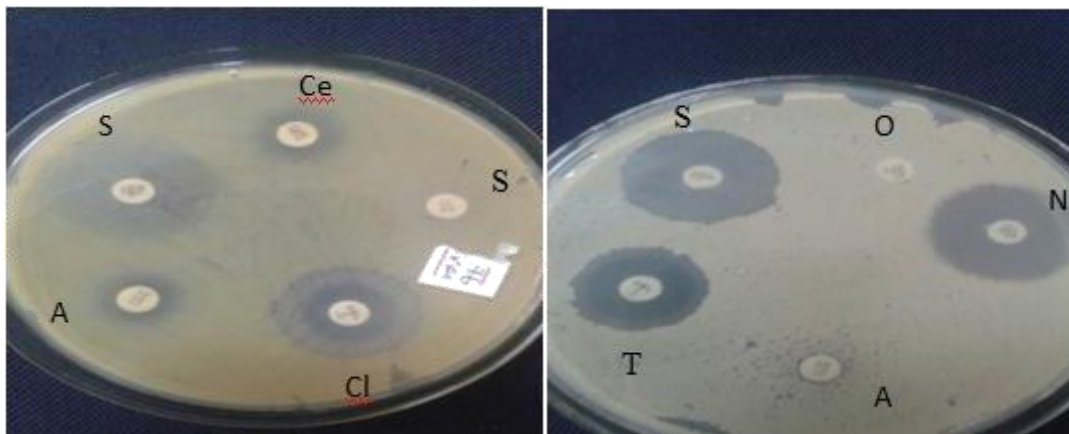


Figure 4: Mueller-Hinton Agar plates showing the effect of the antibiotics of *Listeria monocytogenes*.

S -Streptomycin
 Ce-Ceftriaxone
 SU-Sulfamethoxazole
 Cl-Clindamycin
 O- Oxacillin
 N- Nalidixic acid
 T- Tetracycline
 A-Amoxicillin

4. DISCUSSION

Food borne pathogens are among the common causes of illness and death as well as public health problem which result in loss labor both in developed and developing countries. WHO estimated that in developed countries, upto70% of cases of diarrheal diseases are associated with the consumption of contaminated food per year .which are common food borne pathogen specifically *listeria* spp., *salmonella* spp., *Escherichia coli*, *staphylococcus* spp (WHO, 2004)

4.1 Occurrence of *Listeria* Organism from Ready-To- Eat Food Items and Sources

The overall occurrence of *Listeria* species in all food samples examined in Bishoftu and Dukem town was 32.9% out of 340 ready-to-eat food samples. From this 5.8% of the food item was found to be contaminated with *listeria monocytogenes*. This suggests the presence of this organism in ready -to-eat foods of animal origin indicating significant public health hazard. Our finding is higher than previous research done in Gonder which was

25 % (Garedew *et al.*, 2015) and Addis Ababa 26.6% (Desalegn *et al.*, 2009), this might be due to the difference in the study site, the methodology used and the protocol followed. But our finding agrees with the report of Molla which is 32.6% of *listeria* species isolation from various food sources (Molla, 2004). With respect to the occurrence of *Listeria monocytogenes* (Molla, 2004; Gebretsadik *et al.*, 2011) reported comparable figure to ours from various food sources.

The highest level of contamination of food samples by *Listeria* species in our study was found in cottage cheese (52.5%), raw beef (50%) and Raw milk (33.75%).This is in agreement with the findings of (Molla , 2004) who reported about 50.6% of *listeria* species in raw meat. This is because it is assumed that because evisceration, food handling as well as the ubiquitous nature of the organism can increase the level of contamination (Vitas *et al.*,2004).Our study disagrees with the findings of (Garedew *et al.*, 2015) in Gonder town who reported lower contamination level to the mentioned food items. Moscalewski *et al.* (2008) in Brazil also recorded 12.2%

of *Listeria* species from cheese. This might be due to the difference in the study site, the methodology used and the protocol followed.

In addition to the above food items our study also revealed a significant level of contamination in yogurt, chicken and fish (20%) as well as in ice cream (16%). This is comparable to the findings of (Uyttendaele, 1999, Vitas, 2004, Loura, 2005 and Soni, 2008) who reported this organism in different food of animal origin. But it disagrees with the report of Mugampoza *et al.*, (2011) in Uganda who states that the significant level of contamination in these food items.

The presence of these bacteria in pasteurized milk (8%) in our study could be post-processing contamination. Contrary to our finding, a previous study from Ethiopia Garedeu *et al.*, (2015), Desalegn *et al.*, (2009) did not isolate any of the *Listeria* species in pasteurized milk. The possible explanation for this discrepancy could be due to difference in isolation methods and sample sources. But there are possibilities where this organism can enter later in the process as reported (Fleming *et al.*, 1985).

This study also tried to see the occurrence of *Listeria* species with respect to the sample source. We found that the occurrence varied between sample sources where the highest was seen in butchers shops and open market followed by samples collected from milk collection center and hotels. This is in agreement with the finding of Selamawit, (2014) who reported about 5.5 % *L. monocytogenes* which is higher in butcher shops. Contamination generally increased during cutting, probably as a result of cross contamination. Also, in the retail and food service environment, contamination might be transferred between ready-to-eat food products (Lianou and Sofos, 2007).

Species distribution of the organism in the study sites indicated that *L. monocytogenes* (5.8%) and *L. innocua* (5.3%). This is in agreement with the report of other studies indicated 1 to 70% prevalence of *Listeria* species in beef samples (Rocourt, 2001, Dhanashree, 2003). This might be a treat in our situation where the tradition of consuming raw or undercooked animal products aggravates the public health risk associated with *L. monocytogenes* as raw meat slices, ground meat and meat processing environments are known to harbor the organism (Ryu, 1992).

With respect to the sample type the highest level of occurrence of *L. monocytogenes* was seen in raw beef, raw milk, cottage cheese and yogurt and Chicken in a decreasing order. This was comparable with Gebretsadik, (2011) in Addis Ababa who reported *L. monocytogenes* was isolated in 5.4% and this is similar to the previous studies who reported the frequent occurrence of *L. monocytogenes* in different food of animal origin. Research results from China have had reported that, *L.*

monocytogenes of 5.79% from China food products (Chao, 2007). Our finding disagrees with Soni *et al.*, (Soni, 2008) in Varanasi, India who reported 5.8% of cow milk samples were positive for *L. monocytogenes* and none of the milk products i.e., cheese and ice cream was positive for *L. monocytogenes*. (Ryu, 1992, Dhanashree, 2003) also reported the occurrence of *L. monocytogenes* in India (2.9%) and Japan (6.1%) in contrary to our finding.

In general from this study we found that a significant level of contamination of Ready-to-eat items by *Listeria* species and *L. monocytogenes* from different sources found in Bishoftu and Dukem town. This suggests the presence of this organism in ready -to-eat foods of animal origin indicating significant public health hazard and needs strict precaution.

4.2 Antibiotic Susceptibility Profile of *L. Monocytogenes*

Treating human and animal disease is becoming a huge problem because of evolvement of antibiotic resistant bacteria. Higher numbers of isolates are resistance to the antimicrobials commonly used in the therapeutic protocols of many humans and animal infections (Normanno *et al.*, 2007). In the present study a higher percentage of resistant isolates were found for penicillin (80%) followed by Nalidixic acid (40%), Tetracyclin (15%), Ceftriaxone and Ampicillin equally (10%). Our finding was in agreement with the result reported by Firehiwot (2007) and Tefera, (2014) in Ethiopia where isolates were resistant to tetracycline, penicillin, rifampicin and erythromycin. On contrary to our finding Gunes, (2012) in USA reported susceptible isolates to penicillin G, tetracycline, rifampicin, chloramphenicol, vancomycin, gentamicin, Streptomycin, erythromycin and trimethoprim this might be due to the sample origin, source and study site difference.

The majority of the isolates were susceptible to the entire antibiotic discs used in this study except penicillin and Ceftriaxone. The isolates were 100% susceptible to sulfamethoxazole, Oxacillin, Clindamycin and streptomycin. This is in agreement with the report of Firehiwot, 2007; Osaili *et al.*, 2012 and Sharma *et al.*, 2012 from Ethiopia, Jordan and India where isolates of *Listeria monocytogenes* were susceptible to gentamicin, sulfamethoxazole, Ampicillin and streptomycin. In this study we found that even though most antibiotics tested are effective but there are still resistant isolates found from ready- to- eat food of animal origin which would be a future challenge.

5. CONCLUSION AND RECOMMENDATIONS

This study has established the presence and distribution of *L. monocytogenes* and other *Listeria* species in different types of ready-to-eat foods of animal origin in Bishoftu and Dukem Ethiopia. The presence of *Listeria* species, particularly *L. Monocytogenes* in Ready-to-eat

food of animal origin and uncooked products could be a potential risk for consumers. The presence of these bacteria might be attributed to the unclean working environment, poor sanitary conditions of persons who are contacting with the milk and milk products, meat, Fish and chicken meat with their equipment used. Even though most antibiotics (Sulfamethoxazole, Streptomycin, Clindamycin and Oxacillin) tested are effective but there are still resistant isolates (Penicillin, Nalidixic acid, Tetracycline, Ampicillin & Ceftriaxone) found from ready-to- eat food of animal origin.

Therefore, based on the above convincing remarks, the following recommendations are forwarded:

- Effective control program should focus on understanding the sources of the pathogen and factors that contribute to the risk of contamination, growth and spread of the pathogen.
- Further study on the detection of this organism using sensitive techniques (molecular) should be done.
- The bacterial load of listeria species from ready-to-eat food of animal origin should be done.
- Awareness should be made in the production of microbiologically safe ready-to- eat food of animal origin based on the implementation and application of general preventative measures, good hygienic practices and good manufacturing practices.
- An extensive survey of the Occurrence of *listeria species* and *L. monocytogenes* in the whole part of Ethiopia should be undertaken.
- Regular monitoring of antibiotic susceptibility profile to *L. monocytogenes* and other pathogenic bacteria should be practiced.

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7. APPENDICE

Appendix 1: Listeria Enrichment Broth (LEB).

Peptone mixture	20 gm
Yeast extracts	6.0 gm
Sodium chloride	5.0 gm
Potassium dihydrogen phosphate	2.5 gm
Glucose	2.5 gm
Esculin	1g
	1000
Distilled water	mL
Cyclohexamide	0.05gm
Nalidixic Acid 2% solution in 0.1M NaOH)	0.04 gm
Acriflavin HCL	0.015gm

Preparation of culture media used for isolation and identification of *L. monocytogenes*. Sterilize at 121oC for 15 minutes. Do not overheat; cool at once after removal from the sterilizer.

Appendix 2: Oxford Agar (OXA).

Columbia blood agar base	39.0 g
Esculin	1.0 g
Ferric ammonium citrate	0.5 g
Lithium chloride	15.0 g
Cycloheximide	0.4 g
Colistin	0.02 g
Acriflavin	0.005 g
Distilled or deionised water	1000 ML

Suspend the ingredients in the water. Bring to a boil to dissolve completely. Sterilize by autoclaving at 121oC for 15 min. Cool to 50oC.

Appendix 3: Trypticase Soy Agar with 0.6% Yeast Extract (TSA-YE).

Trypticase soy agar	40.0 g
Yeast extracts	6.0 g

Appendix 4: Blood Agar Base.

Heart muscle infusion from (solids)	2.0
Pancreatic digest of casein	13.0
Yeast extract	5.0
Sodium chloride	5.0
Agar	15.0

Appendix 8: Values of antibiotic susceptibility test of *L. monocytogenes* were performed according to Clinical and Laboratory Standards Institute standard reference procedure.

Antibiotics	Disc code	Disc potency	Inhibition zone diameter to nearest mm		
			Resistance	Intermediate	Susceptible
Ampicilline	AM		≤13	14-16	≥17
Sulfamethoxazole	SXT		≤10	11-15	≥16
Amoxicillin	AML		<13	14-17	>18
Streptomycin	S		<14	15-20	>21
Penicillin	P		≤14	15	>16
Tetracycline	TE		≤14	15-18	≥19

Suspend 40g of powder in to one litter of purified water and mix thoroughly. And heat with frequent a agitation and boil for one minute to completely dissolves the powder and autoclave at 121oC for 15minutes(N.B do not over heat).Then Cool the base to 45°C -50°C and add 5% sterile, defibrinated sheep blood and finally dispense in to sterile Petri dishes.

Appendix 5: Carbohydrate utilization broths (Purple broth base).

Peptone from casein	5.0g
Peptone from meat	5.0g
Sodium chloride	5.0g
Phenol red	0.018g

Dissolve 15g of powder in to one litre of purified water and autoclave at 121°C for 15minutes and cool to 60° C.

Appendix 6: Carbohydrate solutions.

Rhamnose	5g
Xylose	5g
Mannitol	5g

Dissolve 5g of each carbohydrate in 100ml of water separately and sterilize by filtration

For each carbohydrate, add aseptically 0.5ml of filter sterilized carbohydrate solutions to 4,5ml of phenol red solutions prepared.

Appendix 7: Procedure Isolation and identification procedure of Listeria species

Each 25 ml or gm of samples to add 225 ml LEB broth. Incubate at 30oC for 48 h. Streak positive LEB onto selective agar plates (Oxford & PALCAM). Re-incubate negative LEB for an additional 24 h. Incubate plates for 24-48h.

Streak 5 isolates for each positive sample onto TSA. Incubate at 350 C for 24h.