

One health: epidemiology of antimicrobial resistance in children, food and livestock in a low-income setting



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Introduction

- Antimicrobial resistance (AMR) - 700,000 AMR-related deaths globally (children under 2 years in low-income settings mostly affected).
- Diarrhea - second leading cause of infant death.
- E. coli* and non-typhoidal *Salmonella* (among 8 key pathogens for GLASS surveillance for AMR) mostly implicated in diarrhea-associated foodborne diseases.
- Require antibiotic treatment - driving AMR.
- To decipher the potential for transmission of AMR in food and livestock to under 2-year-old children in a low-income setting.

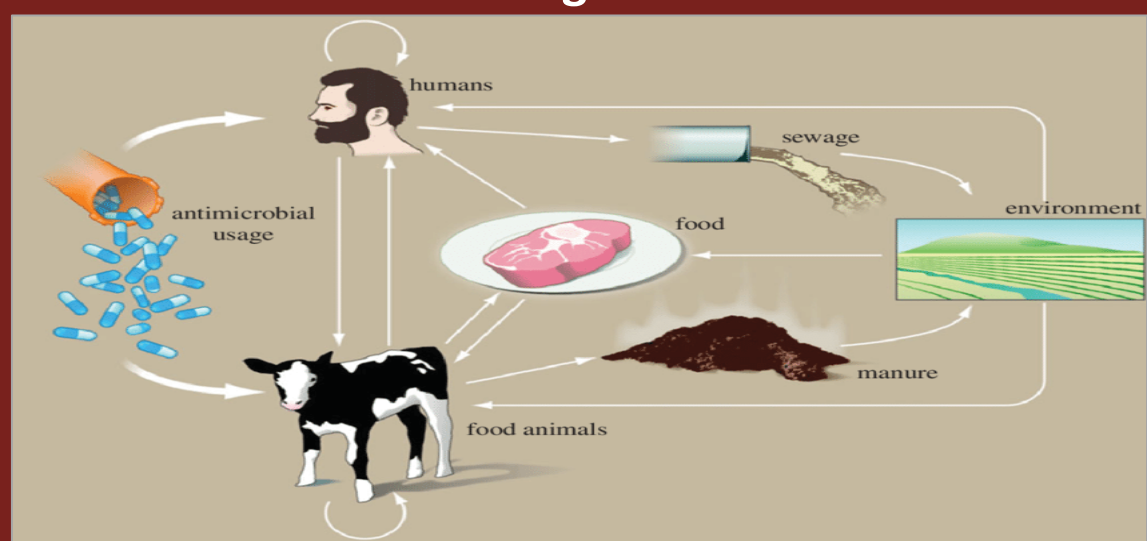


Fig. 1: AMR transmission pathways (Woolhouse et al., 2015)

Methods

Phase 1: Household - stratified random sampling

- 590 households & 296 livestock sampled purposively (in peri-urban Dagoretti, Kenya)

Phase 2: Food value chain - trace back

- 97 vendors & 62 producers/suppliers

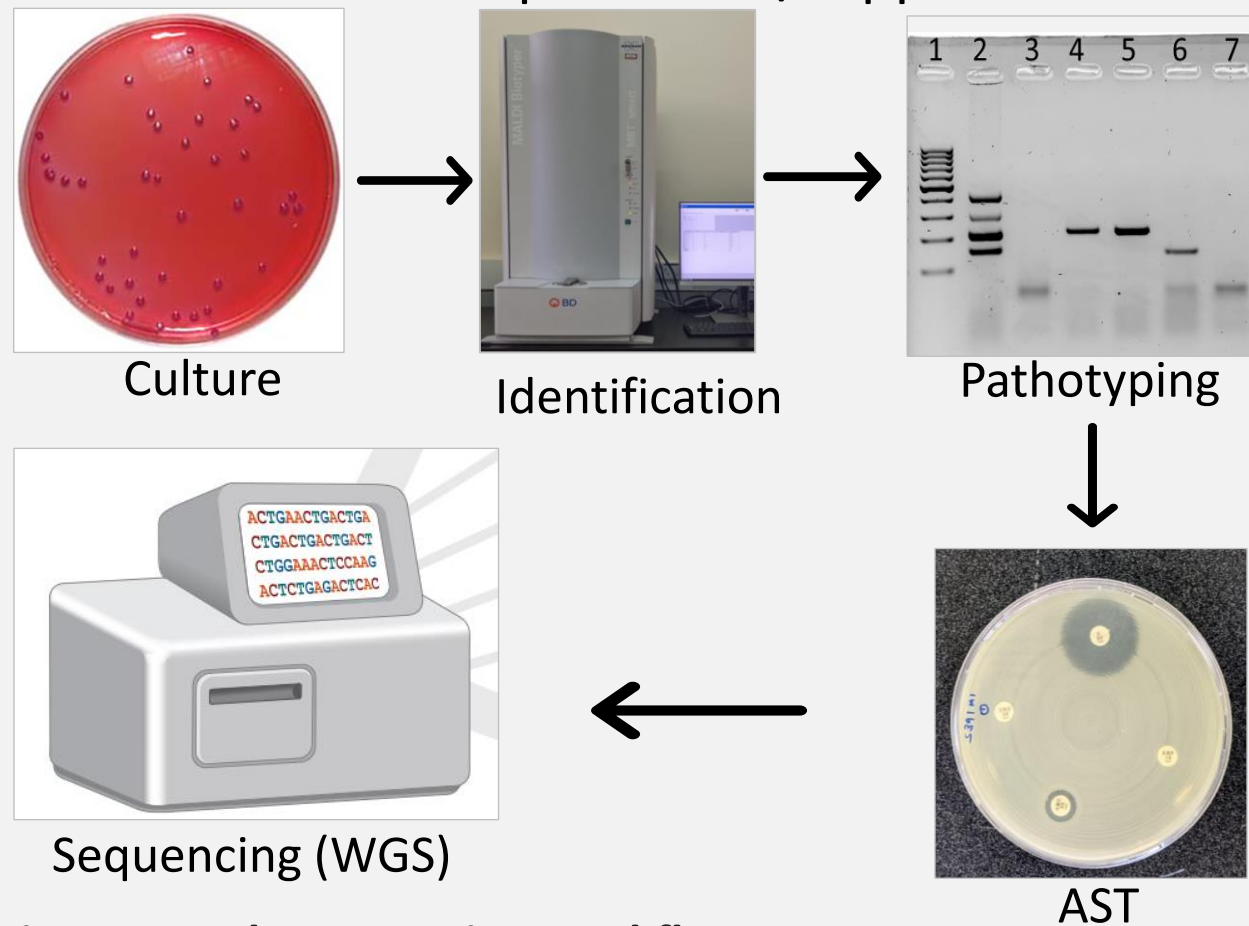
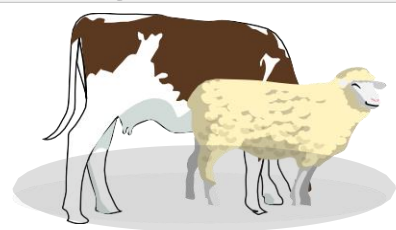


Fig.2: Sample processing workflow

Results highlights

Livestock

- 122 isolates: pathogenic *E. coli*
- 18/122 multidrug resistant (MDR) ≥ 3 antibiotic classes
- 100% susceptibility: CRO and CN
- 21/122, 39/122 and 50/122 resistance to AMP, SXT and TE respectively



Children

- 134 isolates: pathogenic *E. coli*
- 76/134 multidrug resistant
- 101/134, 94/134 resistance to SXT and AMP respectively
- 1 isolate resistant to 8/9 antibiotics, same ID also in food



Food

- 25 isolates: pathogenic *E. coli*
- 6/25 multidrug resistant
- Salmonella* spp.
 - Children - 9 isolates
 - Food - 3 isolates
 - Livestock - 2 isolates



Results

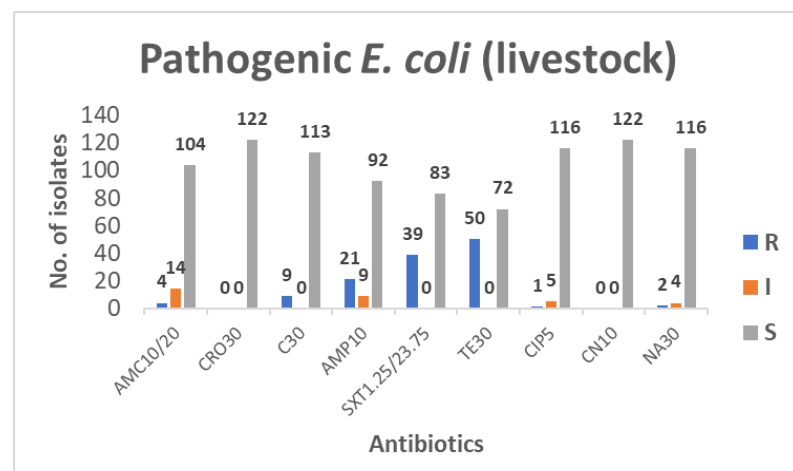


Fig.3: Antibiogram of *E. coli* from livestock

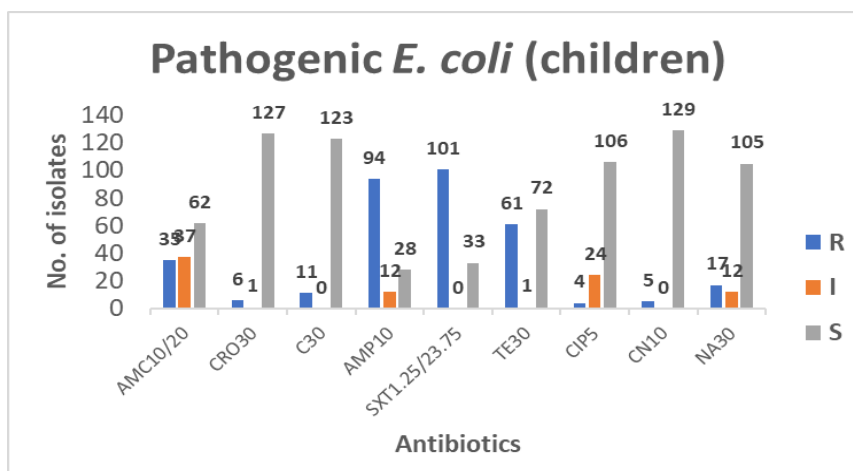


Fig.4: Antibiogram of *E. coli* from children

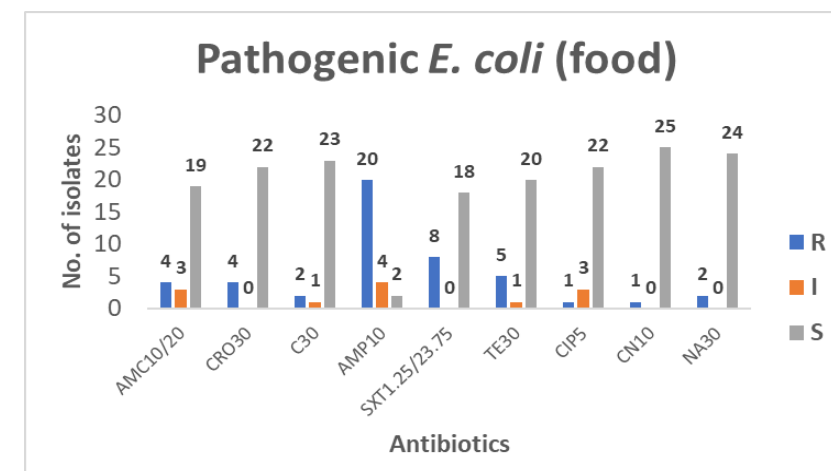


Fig.5: Antibiogram of *E. coli* from food

Conclusion

- High resistance to SXT and TE is of epidemiological relevance
- Resistance to AMP, AMC and CRO is of clinical relevance
- Phenotypic AMR used in selection for WGS to demonstrate source attribution
- Inform public health action on AMR-associated foodborne disease in children

