Multiple antibiotic resistance of biotypes *Helicobacter pylori* isolates recovered from sero-examined sheep and felines in Upper Egypt

Enany M. E.¹, Hanaa Fadel², Abo-shama U. H. ³, Kholief M. E. A.⁴, Mona M. Ahmed^{5*}

¹Department of Bacteriology, Immunity, and Mycology, Faculty of Veterinary Medicine, Suez Canal University, Ismailia, Egypt. <u>enanyeg@yahoo.com</u>. 01275051755.

²Department of Animal Hygiene and Zoonoses department, Faculty of Veterinary Medicine, Suez Canal University, Ismailia, Egypt. hanaamohamedfadel@ymail.com. 01001786825.

³Department of Microbiology, Faculty of Veterinary Medicine, Sohag University, Sohag, Egypt. <u>usama.shama@gmail.com</u>. 01067344157.

⁴Department of Zoonosis, Faculty of Veterinary Medicine, New valley University, Egypt. aglanmo@gmail.com.01011463222.

*⁵PhD Student, Department of Bacteriology, Immunity, and Mycology, Faculty of Veterinary Medicine, Suez Canal University, Ismailia, Egypt. <u>mona.mm2021 Psg@vet.suez.edu.eg</u>. 01097737564. (Corresponding author)

Abstract:

That study showed the multiple antibiotic resistance of variant biotypes of Helicobacter pylori isolates from felines and sheep in Upper Egypt. Total one hundred and thirty- five isolates were recovered from (6 stomach and 46 stool) of 52 felines and (66 gastric and 17 milk) of 83 sheep samples in Hurghada, Luxor, and Sohag provinces. Stool samples of felines and serum samples of sheep were sero-examined using a stool antigen test and latex agglutination test of *H. pylori*, respectively in total percent 67.3% for enriching felines and sheep specimens, respectively in sterile tubes of supplemented or un-supplemented 5ml thioglycolate broth with 10 µl hemin within 36 hours under microaerophilic condition at 37^c then will be cultivated onto filled plates from 500 ml blood brain heart agar supplemented with 135 µl urea 40% solution, novobiocin 500 µl, vancomycin 25 µl, and amphotericin B 350 µl for 5 days and differentiated microscopically upon gram negative stain, and biochemically upon positive oxidase, and variable enzymatic activity of urease and nitrate reduction that be confirmed by 16srRNA H. pylori polymerase chain reaction in total percent 8.8%. Four H. pylori isolates in each province were detected by antimicrobial susceptibility test to report the highest multiple antibiotic resistance MAR of *H. pylori* isolates (1.0) plus (0.643) & (0.857) among wide ratio of urease & nitrate reduction

isolates U: N (1:1.8) were recovered from Hurghada. But equal ratio of U: N isolates included the lowest MAR of *H. pylori* isolates (0.07) plus (0.5), (0.286) and (0.714) were recovered from Sohag.

Keywords: Antimicrobial susceptibility test (AST), multiple antibiotic resistance, *H. pylori*, nitrate, Upper Egypt, sheep and felines.

Introduction

Helicobacter pylori is the primary microorganism species verified to cause cancer and is assessed as a group Ι carcinogen bv the International Agency for Research on Cancer (Testerman & Morris. 2014). Role of H. pylori in idiopathic thrombocytopenic purpura and iron deficiency anemia is well documented, in addition to the principal cause of gastric adenocarcinoma & Hsu, (Tsay 2018). As history а of Ascaris infection and *Mvcobacterium* bovis BCG immunization Fernando et al. (2001)that increasing transexudation of serum components as weak urease activity (HP-W) and strong urease activity (HP-S) as H. pylori HP0013 Sarraseca et al. (1998) sensitivity against antibiotics 2019). (Leitsch. Antibiotic resistance of H. pylori hampers the success of eradication and in recent years shows an increase multidrug resistance (MDR) worldwide (Rokkas & Ekmektzoglou, 2023) was associated with bacterial factors such as outer membrane protein (Zhu et al., 2021). H. pylori infection by cats, dogs, and sheep to humans given an unproved zoonotic pathway to a human and non-human primate through bacteria-bacteria

reaction Mladenova-Hristova et al. (2017) by outer membrane of H. pylori which is difficulty isolated free of inner membrane 8. Doig et al. (1997). H. pylori genome and its virulence gene association to their geographic origin and pathogenicity as urease gene was postulated (Rodriguez et al. 2021). Active site of ureases of *H. pylori* is conserved among living organisms upon optimizing urease activity by acting of vacuolating cytotoxin associated gene vacA as passive urea transporters to favor H. pylori infectivity Tombola et al. (2001) upon nickel repellant urea Sanders et al. (2013) or ability H. pylori to attract and respond to environmental iron concentrations as critical to survive Haley & Gaddy (2015) through natural urease inhibitors as soil microbiota enriched with NO3. present in extracts of clinical as pure compounds may go to eutrophication reduction of animal populations and threat to human health Modolo et al. (2015). Survival and transmissible *H. pylori* acquiring urease activity from neighboring bacteria in generation of a pH neutral micro-environment when suitable amount urease hydrolyses into ammonia and C02 Dunn & Phadnis (1998) bv endocytosis of outer membrane

proteins which were investigated by urease and nitrate reduction test under optimal conditions (atmosphere 5% o₂, 80-90% and 5-10% co₂), the humidity (96-100%) and temperature 37°c for evaluation of the nitrate-nitrite-NO pathway (Graham & Miftahussurur, 2018). pylori survives in acidic Н. environment where ammonium is toxic bv producing abundant of urease quantities from subpopulation of *H. pvlori* that contains cytoplasmic urease only in vivo, unable to bind free urease with specific antibodies secretory IgA (Krishnamurthy et al., 1998). Prevalence of H. pylori antibodies in farm animals and the chicken was 70.3%, 68%, 96.4% and, 88.9% in cattle, sheep, goats, and chickens, respectively in Sudan Mohammed et al. (2014) that may cause an oncogenic transformation in transgenic animals through severe malignant lesions Knorr et al. (2019) in the future in nearly closed regions to Sudan such as Sohag as study area. Slaughterhouse tools are sources for multidrug-resistant and virulent pathogenic microorganisms which are a serious health problem (Al-Kadmy et al., 2023). Highly seroprevalence H. pylori from felines which was considered as anthropozoonosis Cittelly et al. (2002), especially in Hurghada where *H. pylori* survive better in deep ground and sea water Konishi et al. (2007) to represent different sources of transmission as hygienic and chemical sources of pipes water

Haroun et al. (2011). Colonization of *H. pylori* occurs through long incubation for culture that be used to determine the rate of the severity of disease if be related with H. pylori or cocultured bacterial with its competitor from the stomach tissue such under 40c Sánchez-Alonzo et al. (2020), as similar to dry climate in occupational cities have pet clinics such as Luxor. In such stage of infection to gain therapeutic and economic targets Stevenson et al. (2000) for such region, using the Epsilometer (E-test) as a quantitive disc diffusion antibiotic susceptibility testing method that was concluded by Thyagarajan et al. (2003) as pattern of single and multiple resistance at respective center. Misuse of antimicrobials in food animals by 67 % from 2010 to against such H. 2030 pylori, endanger the health of both humans and animals in middle-income countries (Anderson et al., 2020). Besides, the routine application of susceptibility the antimicrobial testing to detect the antibiotic of choice as well as the screening of the emerging Multidrug-resistant MDR strains. Several recent epidemiological investigations revealed the occurrence of MDR (resistant to ≥ 1 agent in ≥ 3 antimicrobial classes) bacterial pathogens from different origins (Mumbo et al. 2023). For follow up of eradication therapy in such region, partial sequence of 16srRNA of conserved regions Patel et al. (2013) or whole genome sequence

(WGS) of antimicrobial susceptibility test (AST) of suspected bacteria *Pelegrin et al.* (2021) is the most progressively genotypic methods of slowly growing microaerophilic bacteria as *H. pylori.*

Materials & Methods

The animal requirements were approved from the Research Ethics Committee, Faculty of veterinary medicine, Suez Canal University (**Registration number: 2016100**).

Sampling and study area: During summer in 2017 to spring of 2021, 52 felines (6 stomach and 46 stool) and 83 sheep (66 gastric and 17 milk) were collected from Hurghada. Luxor. Sohag and provinces. Gastric samples of felines were collected from Animal care hospital according to euthanasia cases, in addition to stool samples were collected under permission of owner felines and clinicians as well as happen in Blue Moon pet clinics in Hurghada. Gastric samples of sheep were collected from slaughter houses of Hurghada and house market in Sohag.

Serological examination: Stool samples of felines and serum samples of sheep were examined by stool antigen test (Abon a **Biopharm**) and latex agglutination (Abon **Biopharma** test (Hangzhou)., China), respectively (Sabbagh et al., 2019).

Isolation: Under aseptic condition, enriching samples were inoculated for 36 - 48 hours onto thioglycolate

broth (Himedia) India) supplemented with urea Snell et al. (1999) and haemin Al Sulami et al. (2008)(chlorid) (Roth.co.) Australia) or BHI broth (Oxoid) UK, with no haemin as supplement under microaerophilic conditions using CampyGen gas kit (10% co2, 85%N2) (Oxoid) (CN 0035A) inside Jar 3.5 liter or 2.5 liter then reincubated for 5 days at 37c on supplemented with BHI agar antibiotics (vancomvcin (EMC. UK.) and amphotericin B (Astellas Pharma. US) (Agharid- Manssour & Ahmed 2008).

Biochemical differentiation: One hundred and thirty- five isolates out of totally collected samples were differentiated biochemically *Harper et al.* (2003) by oxidase (Oxoid), catalase reagents, urease media (HKM) Guangdong Huankai. and nitrate reduction media (Peptone) (HiMedia). India *Watt et al.* (1996), using KNo3 reagent composed of (Potassium Nitrate (Nasco). US in weight 0.2 g dissolved into 1 ml D.W) to be characterized by gram staining (Himedia) (*Park et al.*, 1984).

DNA extraction of H. pylori: After overnight culture on brain heart infusion agar plates of all positive oxidase. catalase. urease and negative nitrate reduction in addition to some gram-negative rods or coccus have negative urease or positive nitrate reduction activity were detected using materials of DNA extraction from isolates by (QIa amp Kit) Chattopadhyay et al.

(2004), one or two colonies were suspended in an Eppendorf tube with 20 ml of sterile phosphate buffered saline and vortexed vigorously for 2 minutes. The tubes were boiled in a water bath for 15 minutes, cooled in ice, and centrifuged a 13000 g for 1 minute. The supernatant was transferred to another tube from which 1uL was used as the template for DNA amplification.

PCR detection of 16srRNA H. pvlori: Gene JeT Genomic used for DNA purification Chattopadhyay et al. (2004), including 50 µL of PCR Master Mix (EzWav. Koma Biotech, Seoul, Korea), composed of (5uL 10^e buffer + MgCL2, 2mMdNTP. 2 uni Tag DNA polymerase) contained 100 ng of the extracted DNA and 25 pm of primer table **(A)** as shown in for amplification in thermal cycler (Eppendorf, Hamburg, Germany) at PCR conditions Tiwari et al. (2007) consisted of an initial denaturation of target DNA at 94°C for 3 min, followed by 40 cycles of denaturation at 94°C for 30 s, primer annealing at 53°C for 30 s, and extension at 72°C for 45 s. The final cycle included extension for 5 min at 72°C to ensure full extension of the 16srRNA product using 2 % agarose gel electrophoresis in 1 TBE buffer stained with ethidium bromide to be evaluated on a UV

transilluminator. The *16srRNA* gene PCR gene product was (522) bp and all data were examined using Ladder 100bp *Sambrook et al.* (1989) (Fermentas).

Antimicrobial susceptibility test (AST): According to the guidelines stipulated by "NCCLS" Standards Laboratory Clinical for Committee National susceptibility antimicrobial for standards performance (2001), the fourteen discs antibiotics (Basingstoke. limited, Oxoid Hampshire, UK) were over placed the surface of inoculated plate by using Plate agar method of nutrient agar as a substrate for growth of the tested bacteria for its antibiotic sensitivity by the single diffusion method *Chen* et al. (2017). Moreover, the plate incubated was at suitable temperature 25 °c for 2-7 days and checked for the growth of the bacterium around the antibiotic disc which was demonstrated as well as the diameter of the zones of inhibition for the tested strains, the antimicrobial discs and their concentrations in table (B) for determination of multiple antibiotic resistance (MAR) index by using the formula MAR = No. of resistance \Total No. of tested antibiotics Singh et al. (2010) where isolates classified as intermediate were considered sensitive for MAR index).

Table (A): *Primers were used for identification of antigenic virulence of H. pylori isolates by 16srRNA and multiplex PCR.*

Primer	Sequence	Size	
16srRNA	F5 GCGCAATCAGCGTCAGGTAATG3	522bp	References <i>Hoshina et al.</i> (1990).
10511014	R5 GCGCAATCAGCGTCAGGTAATG3		

Table (B): Antimicrobial discs, concentration and interpretation of their action on *H. pylori* isolates

Antimicrobial	disc	Resistant	Intermediate	Susceptible
agent	content	(mm)	(mm)	(mm)
	(µg)			
Cefazoline	30	10 or less	11-14	15 or more
Gentamicin	10	12 or less	13-14	15 or more
Tetracycline	30	14 or less	15-18	19 or more
Clarithromycin	15	10 or less	11-12	13 or more
Metronidazole	50	16 or less	17-19	20 or more
Levofloxacillin	5	18 or less	19-21	22 or more
Imipenem	30	18 or less	19-21	18 or more
Cephalothin	30	14 or less	15-17	18 or more
Amoxicillin	5	14 or less	15-18	11 or more
Ciprofloxacin	30	14 or less	15-19	20 or more
Amikacin	30	12 or less	13-15	16 or more
Penicillin G	10IU	20 or less	21-28	29 or more
Nalidixic acid	30	13 or less	14-18	19
Rifampicin	5	12 or less	13-15	16 or more

Results

Table (1) shows one hundred and thirty-five sero-examined animal species recovered 106 seropositive samples including; 35 felines (32 stool and 3 gastric) plus 71 gastric sheep (58 gastric and 13 milk), and 29 seronegative animals including; 17 felines samples (13 stool and 4 gastric) plus 12 sheep samples (10 gastric and 2 milk), collected from total eighty -three sheep and fifty-two felines that cultivated

traditionally to be differentiated biochemically by urease and nitrate reduction test, providing +ve results urease and reduction of nitrate U & N (36 & 44) and negative results (99 & 91), respectively.

From seropositive and seronegative animals, specimens belong positive U & N into (17 & 23) and (19 & 21) respectively, and negative U & N was isolated into (89 & 83) and (10 & 8) respectively, divided into positive U: N (1.3: 1) and (1:1.1) and negative U: N (1:0.9) and (1:0.8).

In Hurghada, unbalanced U: N positive and negative ratio (1:8 or 1:1.2) and (1:0.7 or 1:0.4) was divided from (7:13 or 11:14) and (25:19 or 5:2) isolates, respectively from 20 seropositive, 4 seronegative sheep and 12 negative felines, which was detected by PCR from *16srRNA H. pylori* in percent 16.6% and 50% from each two seronegative felines and sheep, respectively.

In Luxor, among positive or negative biochemical reaction isolates that included 4 confirmed isolates by PCR in percent 17.3%, nearby equal U: N ratio ~: 0 or 1:1.25 from U & N (1 & 0) and (4 & 5) isolates from five seronegative felines, and equal U: N 5:5 or 18:18 from 23 seropositive felines respectively, was isolated. In Sohag, equal U & N isolates either be positive or negative (5 & 5 or 7 & 7) or (46 & 46 or 1&1), respectively from 51 seropositive sheep or 8 which was seronegative sheep, confirmed by PCR from 3 seropositive and 1 seronegative sheep in percent 5.8% & 1.25%, respectively.

Twelve isolates in percent 8.8% were confirmed from felines in 11.5% and sheep in 7.2%, divided into six isolates from each six felines and sheep, grouped into 6.6% seropositive (4.2% sheep & 11.4% felines) and 17.2% seronegative (25% sheep & 11.7% felines), including 7 & 5 isolates, respectively from 3 seropositive or seronegative sheep, and (4 and 2) felines either be

seropositive respectively.

seronegative,

Table (2) shows three isolates of 71seropositive 12 each or seronegative from 83 sheep were confirmed by PCR in percent 3.6%, forming 6 isolates in percent 7.2%, grouped from 85.5% seropositive and 14.4% seronegative through nitritic reduction urease and isolates (15 & 18) or (68 & 60), respectively into positive U &N isolates ratio (6 :12) or (9:6) or negative U & N isolates ratio (65:59) or (3:1), respectively divided into +ve U:N (1:2) or (1: 0.6) or -ve U:N (1.1:1)or (1:0.3)forming totally U:N ratio (1:1.2) or (1:0.8), respectively.

Equal U: N isolates ratio in Sohag for sheep was detected from 86.4% (51) seropositive and 13.7% (8) seronegative sheep, respectively in total (59) 6.7%, forming 4 isolates from 3 seropositive sheep and one seronegative in percent 5.8% and 1.25% with MAR (0.714, 0.5 & 0.071) and MAR (0.286), respectively.

Un-balaanced U: N isolates ratio in Hurghada either be positive or negative (3:11) or (21:13) which was differentiated two isolates (50%) from (4) seronegative sheep 16.7% in percent 8.3% from 24 sheep, including MAR (1/0 & 0.643) among isolates +ve U: N ratio (2:4) or -ve U:N ratio (2:0) that divided into (1:2) or (1: ∞). Also 20 seropositive sheep in percent 83.3% have un equal balanced U: N isolates ratio +ve: (1:7) or -ve (19:13), divided into (0.1:1) or (1:0.7) with 0% isolation.

Table (3):

Positive or negative U: N isolates (1:1) or (1:1.1) were recovered, respectively from seropositive felines where seroprevalence felines in Hurghada have 50% (1224) with no confirmed H. pylori isolates, but +ve or -ve U: N (1:1) or (1:0.6), seronegative respectively from felines was detected one isolate with MAR 0.857 among total nearly equal U: N isolates ratio +ve (15:16) and -ve (9:8) that divided into (1:1.06) and (1: 0.8), respectively. Seroprevalence in Luxor was 82.1% (23\28) belong equal U: N isolates

ratio +ve (5:5) or -ve (18:18) for felines which was detected in percent 17.3% from seropositive felines in total 14.2% (4\28) with MAR (0.857, 0.428 & 0.214). Unbalanced U: Ν from 5 seronegative felines in percent 17.9% which recovered negative U: N isolates ratio (4 & 5) or positive U: N isolates (1:0) that divided into (1:1.25) or (1: ∞), respectively have no H. pylori isolates. Total U: N isolates ratio was almost equal in Luxor if positive or negative 6:5 or 22:23, respectively that divided into (1:0.8) or (1:1.04), or in sum of felines to isolate H. pylori in percent 11.5% (6\52) divided into 7.6% (4) and 3.8% (2) from 35 seropositive or 17 seronegative felines, in percent 67.3% and 32.7%, respectively.

Table (4) represent the highestMAR (0.857) of two H. pyloriisolates from stool of seronegative

felines which were investigated from 3 constipated and 2 pan-leukopenia felines in pet clinics to be cultivated biochemically producing positive urease and nitrate reduction reaction when while one negative nitrate reduction isolate was associated with seropositive felines that diagnosed as one diarrhea associated gastritis from 20 felines, with MAR 0.857 which decrease in descending follow as 0.428, 0.428 & 0.214 to recovery one highly urease H. pylori isolate from each 4 normal, one prolapsed uterus and one suddenly dead felines non clinical cases.

Table (5) compared the nitritic associated urease reaction between the lowest MAR 0.071 of one H. pvlori isolate recovered from congested gastric seropositive sheep with negative nitrate reduction, and the highest MAR (1.0) of one H. pylori isolate recovered from normal gastric seronegative sheep with positive nitrate reaction but negative urease reaction, in dissimilarity to other isolate from milk of negative delivered sheep with moderate low MAR (0.286) with positive urease and nitritic reaction together. Low MAR ascending increase in following (0.5, 0.643 & 0.714) from 2 seropositive of congested and normal gastric sheep, respectively and congested gastric of one seronegative sheep, respectively that was identified with positive urease and negative nitritc reaction.

Table (6) shows highest sensitivity against amoxicillin and tetracycline in percent (100 & 83.3%) start with

highest antibiotic resistance 0.857 against H. pylori isolates from stool of seronegative constipated and panleukopenia felines, that decreased in 50 % with testing percent levofloxacin discs against diarrheal feline with the same MAR 0.857. Followed by sensitivity rifampicin, metronidazole clarithromycin, amikacin, and cephalothin in the following (33.3, 50, 33.3, 33.3 and 16.6%), respectively, against MAR 0.428 of H. pylori isolates from normal and uterine prolapsed felines. Lastly, the lowest MAR 0.214 from sudden dead felines have sensitivity against the same previous antibiotics plus and imipenem in percent 16.6%.

The highest antibiotic resistance of H. pylori isolates was recovered from normal sheep with MAR 1.0 which were tested against all same previous antibiotic discs in the following percents 16.6, 16.6, 16.6, 50, 33.3, 8.3, 50, 66.6, 66.6, 66.6, 83.3, 83.3, 83.3 and 100% but the lowest MAR have sensitivity to all same antibiotics except nalidxic 0%. Resistance isolates of sheep against nalidxic. ciprofloxacin, penicillin and imipenem, cefazoline, gentamycin, cephalothin, amikacin, clarithromycin, metronidazole and rifampicin. levofloxacin. tetracycline and amoxicillin in following percent 100, 83.3, 83.3, 83.3, 66.6, 66.6, 66.6, 50, 8.3, 50, 33.3, 16.6, 16.6 and 16.6%.

Sensitivity of felines and sheep against amoxicillin (100 & 83.3%); 83.3% against tetracycline; (50 &

83.3%) against levofloxacin: 33.3% against rifampicin; 50 % against metronidazole;(33.3 & 83.3 %) against clarithromycin plus (33.3 & 50 %) against amikacin plus (16.6 & 33.3%) against cephalothin, penicillin and gentamycin plus (0 & 33.3%) against imipenem. Intermediate sensitivity (16.6 & 0%) against cefatizidine, in addition to tetracycine and levofloxacin; (16.6 & 33.3%) against rifampicin and 16.6% against cephalothin.

Resistance against gentamycin and cefatizidine was 83.3% & 66.6% but 50 & 66.6% against ciprofloxacin; 50% against amikacin and metronidazole; 100% against nalidxic; (50 & 16.6%) against clarithromycin; (50

& 33.3%) against rifampicin;(33.3 & 16.6%) against levofloxacin and (0 & 16.6%) against amoxicillin and tetracycline but penicillin have resistance (100 & 83.3%) and imipenem with resistance 83.3%.

Table (7) show that antimicrobial resistance to antibiotics such as nalidixic acid. ciprofloxacin, penicillin. imipenem, cefazolin. gentamycin, cephalothin, amikacin, clarithromycin, metronidazole, rifampicin, levofloxacin, amoxicillin and tetracycline are 100 %, 91.7%, 91.7, 83.3%, 75.0%,75%, 83.3%, 50.0%, 33.3%, 50.0%, 41.7%, 25.0 %, 8.3% and 8.3%, respectively. All H. pylori isolates were sensitive against amoxicillin, tetracycline, levofloxacin, clarithromycin and metronidazole and amikacin (91.7, 83.3, 66.7, 58.3, 50, 41.7 and 33.3%,

respectively but cephalothin and gentamycin (25%) and cefazoline was (16.7%).

Figure (1, 2, 3 & 4) shows results of table (1, 2, 3 & 4). All isolates examined by gram staining as gram negative bacilli or coccobacilli in

gull winged form as one isolate has represented in **Figure (5)**.

Figure (6) shows bands 522bp at lane C +ve and lanes from1 to 12 using ladder 100bp for *16srRNA H. pylori* isolates.

Table (1): Total H. pylori confirmed by PCR from total urease and nitrate reductive isolates of sero-examined sheep and felines samples in provinces of Upper Egypt.

Test	1.500		Total			Serotypes			
Test	+ve	-ve		(+)	(-)	(+)	(-)	(+)	(-)
	(106)	(29)	(135)	Hurghada		Lux	Luxor		Sohag
Serology	S:71+ F:35	S:12+ F:17	S:83+ F:52	S:20 F:12	S:4 F:12	S: Nil F: 23	S: Nil F: 5	S: 51 F: Nil	S :8 F: Nil
PCR	7 S:3 + F:4	5 S: 3 + F: 2	12 S:6 + F:6	S: Nil F: Nil	S: 2 F:2	S: Nil F:4	S: Nil F: Nil	S: 3 F: Nil	S:1 F: Nil
%	6.6% S: 4.2 F:11.4	17.2% S: 25 F: 11.7	8.8% S: 7.2 F: 11.5	Nil	S:50 F:16.6	S: Nil F: 17.3	Nil	S: 5.8 F: Nil	S: 1.25 F: Nil
U: N +ve	17:23 1:0.7	19:21 1:1.1	36:44 1:1.2	7:13 (1:1.8)	11:14 1:1.2	5:5 1:1	1:0	5:5 1:1	7:7 1:1
U: N -ve	89:83 1:0.9	10:8 1:0.8	99:91 1:0.9	25:19 (1:0.7)	5:2 1:2.5	18:18 1:1	4:5 1:1.2	46:46 1:1	1:1

U: ureolytic & N: nitritic. T: total. No: number. +ve: positive. -ve: Negative, F: felines and S: Sheep.

Table (2): Total H. pylori estimated by multiple antibiotic resistance MAR and confirmed by PCR from total urease and nitrate reductive isolates of sero-examined sheep in Hurghada and Sohag.

Result	Se	erology	1	PCR		U: N	MAR					
	Hurghada											
	No	%	No	%	+ve	-ve						
+ve	20	83.3	0 0%		1:7	19:13 (1:0.6)	Nil					
-ve	4	16.7	2	50	2:4 (1:2)	2:0 (1:0)	1.0 0.643					
Total	Total (24)		2	8.3	3:11 (1:3.6) 21:13 (1:0.6)		-					
	Sohag											
+ve	51	86.4%	3	5.8%	5:5	46:46	0.714- 0.5- 0.07					
-ve	8	13.7	1	1.25	7:7	1:1	0.286					
Total		(59)	4	6.7	12:12	47:47	-					
Sum +ve	71	85.5	3\83	3.6%	6:12 (1:2)	65:59 (1:0.9)						
-ve	12	12 14.4		3.6%	9:6 (1:0.6)	3:1 (1:0.3)	1 -					
Total	Total (83)		6	7.2%	15:18 (1:1.2)	68:60 (1:1.1)						

U: ureolytic & N: nitritic. T: total. No: number. +ve: positive. -ve: Negative.

Felines	Se	rology	P	CR	U:	N			
		ŀ	Iurgha	da		MAR			
Result	No %		No	%	+ve	-ve			
+ve	12	50%	0	0	6:6	6:6	Nil		
-ve	12	50	2	16.6	9:10 (1:1.1)	3:2 (1:0.6)	0.857		
Total	Total (24)		2	8.3	15:16 (1:1.06)	9:8 (1:0.8)	-		
				Lu	xor	•			
+ve	23	82.1%	4	17.3%	5:5	18:18	(0.857) -0.428- 0.214		
-ve	5	17.9	0	0	1:0	4:5	Nil		
Total		28	4	14.2	6:5	22:23	-		
Sum (+ve)	35	67.3%	4\52	7.6%	11:11	24:24			
-ve	17	17 32.7		3.8%	10:10	(7:7)	-		
Total	Total (52)		6\52	11.5%	21.:21	(31:31)			

Table (3): Total H. pylori estimated by multiple antibiotic resistance MAR and confirmed by PCR from total urease and nitrate reductive isolates of sero-examined felines samples in Hurghada and Luxor.

Table (4): *MAR of different biotypes H. pylori isolates from sero-examined felines cases.*

<i>H. pylori</i> infected felines of totally clinical & non clinical cases	Serology	Non nitritic	Nitritic	ureolytic	MAR
1. Constipated (1\3)	-	-	+	+(stool)	0.857
2. Panoleukopenia (1\2)	-	-	+	+(stool)	0.857
3. Diarrheal (1\20)	+	+	-	+(gastric)	0.857
4. Normal (1\4)	+	+	-	+(gastric)	0.428
5. Uterine prolapsed	+	+	-	+(gastric)	0.428
6. Sudden dead	+	+	-	+(gastric)	0.214

Table (5): *MAR of different biotypes H. pylori isolates from sero-examined sheep specimens.*

Sheep Specimens	Serology	Non nitritic	Nitritic	Ureolytic	MAR
1. Normal gastric	-	-	+	-	1.0
2. Normal gastric	-	-	-	+	0.643
3. Congested gastric	+	-	-	+	0.714
4. Congested gastric	+	-	-	+	0.5
5. Congested gastric	+	-	-	+	0.071
6. Milk	-	-	+	+	0.286

 Table (6): Total antimicrobial susceptibility test results from H. pylori

 isolates of both groups of felines and sheep

isolates of both groups of rennes and sheep														
Ν	Ν	СР	Р	Ι	CZ	G	CN	AK	Cl	М	R	lev	Т	Am
F1	R	R	R	R	R	R	R	R	R	R	R	R	S	S
F2	R	R	R	R	R	R	R	R	R	R	R	R	S	S
F3	R	R	R	R	R	R	R	R	R	R	R	Ι	S	S
F4	R	R	R	R	R	R	Ι	Ι	S	S	S	S	Ι	S
F5	R	R	R	R	R	R	S	S	Ι	S	Ι	S	S	S
F6	R	R	R	Ι	Ι	S	Ι	S	S	S	S	S	S	S
TR	100	100	100	83	83	83	50	50	50	50	50	33	0	0
TI	0	0	0	16	16	16	33	16	16	0	16	16	16	0
TS	0	0	0	16	0	16	16	33	33	50	33	50	83	100
S1	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S2	R	R	R	R	R	R	R	R	S	R	S	S	S	S
S 3	R	R	R	R	R	R	R	R	S	R	R	S	S	S
S4	R	R	R	R	R	R	R	S	S	S	Ι	S	S	S
S 5	R	Ι	Ι	Ι	S	S	S	S	S	S	Ι	S	S	S
S6	R	R	R	R	S	S	S	S	S	S	S	S	S	S
TR	100	83	83	83	66	66	66	50	8.3	50	33	16	16	16
TI	0	16	16	16	0	0	0	0	0	0	33	0	0	0
TS	0	0	0	0	33	33	33	50	83	50	33	83	83	83
						10		• . •			2	C 1		

R: resistant; I: intermediate and S: sensitive. F: feline. S: Sheep. TR: Total resistant. TI: Total intermediate. TS: Total sensitivity. 83~ 83.3. 16~16.6. 33~33.3.

Abbreviation of table (6 & 7): (NA): Nalidixic acid; (CP): Ciprofloxacin; (P): Penicillin G; (IPM): Imipenem; (CZ): Cefazoline; (G): Gentamicin; (CN): Cephalothin; (AK): Amikacin; (CL): Clarithromycin; (M): Metronidazole; (RF): Rifampicin; (L): Levofloxacin; (T): Tetracycline; and (AMX): Amoxicillin

Table (7): Total	antimicrobial	susceptibility	test	results from	n H.	pylori
isolates of felines	and sheep					

Т	Ν	СР	Р	Ι	CZ	G	CN	AK	Cl	Μ	R	lev	Т	Am
R	100	91	91	83	75	75	58	50	33	50	41	25	8	8
Ι	-	8	8	16	8	-	16	8	8	-	25	8	8	-
S	-	-	-	-	16	25	25	41	58	50	33	66	83	91
01	01 8	(((41	41 8	1/	1//	22.4	12.2	03	02.2	0 1		

91~91.7. 66~66.7. 41~41.7. 16~16.6. 33~33.3. 83~83.3. 8~8.3.

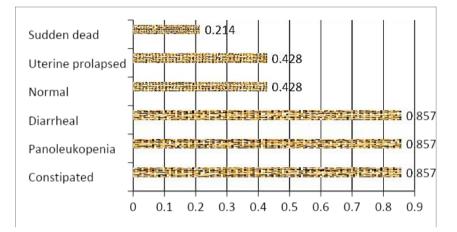


Figure (1): MAR index of *H. pylori* isolates from *H. pylori* infected felines of totally clinical & non clinical cases

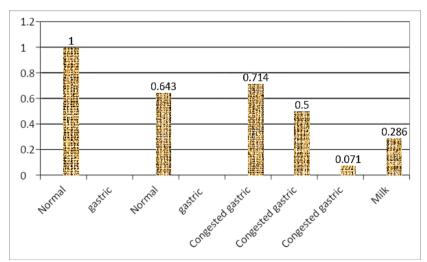


Figure (2): MAR index of *H. pylori* isolates from specimens of sheep

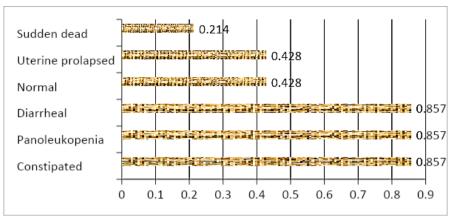


Figure (3): Antibiogram of H. pylori isolates Sensitivity

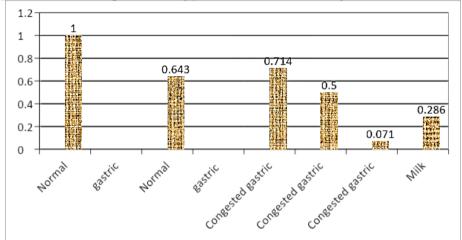


Figure (4): Antibiogram of H. pylori isolates Resistance

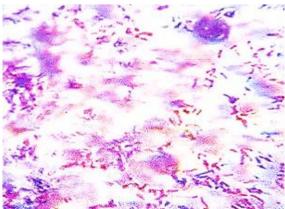


Figure (5): Gram negative gull winged H. pylori isolate.

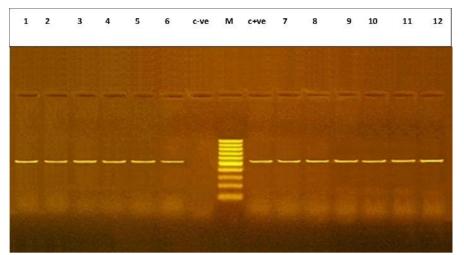


Figure (6):_Agarose gel electrophoresis of PCR amplification products using *16srRNA* (522 bp) as specific primer for identification of *Helicobacter pylori* Lane M: 100bp ladder as molecular DNA marker.

Lane C+ve: Control positive for *16srRNA* of *Helicobacter pylori* ATCC 43504 Lane C-ve: Control negative *E. coli* K12 DH5α.

Lane from 1 to 12: Positive H. pylori strains for 16srRNA

Discussion

Epidemiology of H. pylori infection is complicated by both acquisition and loss of infection in different ethnic groups moving from high- to low-income countries Fernando et al. (2001).To be suggested, Hurghada is the best example for antibiotic resistance high $H_{\rm c}$ *pylori* in socioeconomic status against unprecedented enzymatic nitric oxide NO detoxifying system like microbial protection against nitrosative stress in vivo Justino et al. (2012), resulted into seronegative felines and sheep (50 & 16.7%) as shown in table (1) have the highest multiple antibiotic resistance of H. pylori isolates in percent (8.3%) from constipated and panleukopenia felines 0.857 and the second multiple antibiotic resistance

MAR isolates against normal gastric sheep (0.643) as shown in table (4 & 5). Seronegative felines and sheep in Hurghada recovered nearly adequate number of nitrate reduction isolates in proportional to urease activity isolates into U & N ratio (89 & 83) and (10 & 8), respectively as shown in table (2 & 3) encouraging role of antibiotic resistance nitrate on followed by excess iron or nickel in soil and diet of host either be felines or sheep, respectively which effect on conversion of U: N isolates ratio across seroprevalence Dykhuizen et al. (1998) and Ansari et al. (2017). Sensitivity against rifampicin or clarithromycin (33.3%) changed upon chelation with host receptor for iron Raghu et al. (1995) or nickel Rowinska-Zyrek et al. (2014) as repellant attractant or urea.

respectively as rich in soil of Hurghada that alter gene expression (Haley & Gaddy, 2015) or upon slowing rate of ribosomes action according to geographic area Kim et al. (2015) respectively to inhibit activity and nitrogen urease utilization. Ribosomes of H. pylori as nitro reductase encoding rdxa forming non-toxic gene metronidazole when bind with nitro product (Leitsch, 2019), to became resistant intermediately (50%) as shown in table (7). Inhibition of expression gene for urease utilization nitrogen inhibit protein synthesis and cell wall of H. pylori isolates sensitivity against tetracycline and amoxicillin or binding with topoisomerase Н. pylori that was inhibited against sensitivity of levofloxacin Kim et al. (2015) in percent (83.3%) as shown in table (7) when 16srRNA H. pylori was being mutated. Equality of nitrate reduction and urea utilization isolates ratio were recovered from clinical examined felines of Luxor (0.857.0.428 & 0.214) and congested gastric seropositive sheep of Sohag with high and lowest MAR (0.071, 0.5 & 0.714) plus milk (0.286), as shown in table (3 & 4) susceptibility antibiotics where occur with balanced U\N isolates ratio of other denitrifying bacteria Safonov et al. (2018) either be totally positive or negative (12 & 12)or (47 & 47), respectively of isolates from seropositive sheep (5 & 5) or (46 & 46) and (7 & 7) or (1 & 1) from seronegative sheep as shown in

table (2 & 3) drive to sensitivity of Helicobacter in balanced microbiota normal felines of Luxor and Sohag as rural area. Seropositive pet and farm animals in Luxor and Sohag were not recovered nitritic H. pylori isolates among U: N isolates ratio (1:0.7) as shown in table (3) easily to inhibit urea and not assimilat nitrogen resulted into low resistance of four isolates of sheep in Sohag 50%) against (33.3)& clarithromycin. rifampicin and levofloxacin, respectively that act on gyrase ribosomes and DNA Mégraud (1998) but look to be sensitive against tetracycline and amoxicillin (83.3%) as shown in table (6) that inhibit penicillin binding protein competitively with B-lactamase antibiotics Dore et al. (1999) to inhibit synthesis cell wall that be homologous and cross react with several bacteria. Low immune felines as seronegative constipated and pan-leukopenia felines (50%) in pet clinics of Hurghada, have nitrate reduction from urea, was more resistant against the almost antibiotics used for eradication isolates of seropositive sheep except metronidazole that its mechanism of resistance 50% depend on binding of ribosomes with nitro product of nitro-reduction isolates that present in seronegative sheep of Hurghada and milk of delivered sheep in Sohag where be more susceptible in percent 83.3 % as shown in table (3 & 6) according to transporting un-binding IgA cytoplasmic urease Krishnamurthy et al. (1998) for

assimilation. nitrogen Less susceptibility to serological response made seronegative felines isolates were resistant against the most same antibiotics of seropositive sheep isolates 83%, 49.8%, 33.3% & 16.6% as shown in **table** (6). Reduced risk Н. pylori seropositivity in such as pet clinical cases (76.3%) to recover (11.4%) or few post mortem changes of slaughtered seropositive farm animal (85.5%) were associated with excess iron in such host susceptible cases as felines to isolate (3.6%) as shown in table (1) interpretating spontaneous elimination of *H*. *pylori* infection (i.e., seroversion) from dominant inhabitant of stomach felines only through intraluminal felines pH below 4.0, or through mis regulating fur genes by expressing low CD4 count from parietal cells of an animal model (Xia and Talley, 1997) that decrease viability of *H. pylori* and efficacy of dose antibiotic therapy. According to weak and strong urease gene expression, all seronegative farm animals and pet as felines in Luxor have H. pylori isolates with no utilization urea in proportional to nitrate producing in percent (14.4%) & (17.9%), respectively as shown in table (1), were recovered in few number among more U:N isolates ratio (1:1) than U: N isolates ratio (1: ∞) from seropositive felines as shown in table (3), explain why higher percent in urban area of seronegative stool antigen of felines cases like pet clinics of Hurghada

and pet hospitals of Luxor 23.7% was more than percent of negative IgG 13.7% from seronegative sheep in rural area (Sohag) to recover felines isolates in percent 3.8% than percent of sheep isolates 1.25% as shown in table (3). Similar to U: N isolates ratio (1:1.8) that isolated from all seropositive pet (17.3) and farm animals (5.8%) in Sohag were more than U\N -ve isolates ratio (1:1.2) as shown in **table** (1)especially sheep have U: N isolates ratio (1:3.6) as shown in **table (2)** to evidence that gastric tissue of sheep in rural area as Sohag can act as a reservoir to Н. Pvlori and disseminate the pathogen in feces and milk then transmitted to human during uses of unpasteurized milk, or meat Kareem and Al-Maaly, (2021). Seronegative sheep isolates closed to worker of sheep abattoir was also in higher percent 25% against seropositive sheep in percent 3.6% as shown in **table** (3) due to metal-regulated urea diet fasting sheep on digesting low protein diet with less utilization nickel-based nickel dehydrogenase urea Sarraseca et al. (1998). The highest percent isolation H. pylori in percent 50% from seronegative sheep (16.7%) from bad hygienic area as abattoir of Hurghada (urban area) as shown in table (1) was dissimilar to result of Kareem and Al-Maaly, (2021), the largest percent of *H*. *pylori* isolation occur in people with bad socio-economic habitat or rural AL-Rumetha with area as percentage 15%, comparing between

rural and city of AL-Muthana provinces that slaughter house need long incubation period to reach 9%, resulted into limitation of the risk of cross-reactions with other bacteria that affected by ("sham-feeding") which demonstrated by Pavlov, slaughtering of fasting animals for 24 hours in bad hygienic area made food related neuro activated to hungry animal of appetizing food Konturek et al. (2006). Through the previous findings, elimination rate of H. pylori either be antibiotic susceptibility resistance or antibiotics which return to host susceptibility to metal regulated urea utilization or cross reaction with other ureolytic or denitrifying bacteria followed by seroprevalence constructed may return to or genomic loci in microbes, according to conversion of non-producing nitrate to utilization urea ratio isolates into nitrate producing from utilization urea isolates occur reversely in between seropositive and seronegative felines of Luxor Hurghada with different and multiple antibiotic resistance MAR against clinical cases especially seronegative clinical examined felines with highest resistance (0.857) as shown in table (3), and with highest multiple antibiotic resistance MAR against normal seronegative sheep (1.0 & 0.643) as shown in table (2). Highest isolation percent in Luxor is 17.3% as shown in table (1) from seropositive felines (82.1%) with isolation 14.2% in Luxor (urban area) in propotional to

7.6% whole isolation from as seropositive felines as shown in table (3) perhaps return to similar findings of *Fernando et al.* (2001) as Ascaris infection and a history bovis BCG of *Mvcobacterium* immunization that increasing transexudation of serum components as weak urease activity (HP-W) and strong urease activity (HP-S) as H. pylori HP0013 Sarraseca et al. (1998) for colonization against sensitivity to antibiotics (Leitsch. **2019**). An increased risk of *H*. pylori acquisition in urban occur when nearly equilibrium between isolation H. pylori from pet clinics of Hurghada in percent isolation 16.6 % as pathogens from sero-negative constipated and pan-leukopenia felines, and isolation H. pylori as apparently commensals from healthy felines with more highly seropositive closed to technicians of pet hospitals in Luxor 17.3 % as shown in table (2), may because an interaction

between *Helicobacter* and viral or parasitic infections modifying the outcome of infective processes and causing lower CD+ cells against other viral infection and immunedefficiency Fernando et al. (2001) resulted into failure antibiotic therapy. Sohag recovered H. pylori isolates (6.7%)especially of seropositive sheep (86.4%) had higher H. pylori isolates in percent 5.8 % closed to meat and milk consumers from sheep market than the lowest isolation in percent 0 % of seropositive sheep (83.3%) from

abattoir of Hurghada as urban area, as shown in **table** (1), is similar to *H*. *pylori* in abomasums tissue of adult sheep in rural area which set than lamb of urban area (Kareem and Al-Maaly, 2021). Rural area which spread between slaughters or consumers in abattoir and market of Hurghada and Sohag or from infection environment around owner of felines in pet hospital Luxor may be acquired mutant resistant gene microbial. Sheep is nearly sensitive to metal regulation of *H. pylori* urea utilization Bury-Moné et al. (2004) for control mechanism of antibiotics on isolates upon disease severity according expression to the downstream urease genes Fernando et al. (2001) based upon changes in titers of specified amounts of urease expression (Follmer, 2010) upon iron chelation with metal ions in water and diet of geographical region where normal host as PH of gut ruminal sheep (Lea and Maija, 1974) was in response to any amount of urea (Panday, 2011) by repellant urea as excess nickel in diet Sanders et al. (2013). Common antibiotics as tetracycline and amoxicillin (91.7% & 83.3%) against seropositive sheep was being used in Luxor, s hospitals seropositive felines such as diarrheal felines where have no nitrate reduction with moderate susceptibility against clarithromycin, rifampicin and levofloxacin, respectively 50% and lastly became more resistant to the most antibiotics 16.6%, 33.3% & 50% against seropositive normal,

sudden dead and uterine prolapsed felines as shown in table (3 & 6). Perhaps due to some occupational groups with contact host susceptibility as veterinarian in pet clinicians or abattoir of urban area such as Hurghada may pose an additional risk of infection that be resistant against most antibiotics. That antimicrobial resistance to antibiotics such as nalidixic acid. cephalothin, penicillin, imipenem, cefazolin, tetracycline, gentamycin, ciprofloxacin. amikacin. metronidazole. rifampicin, clarithromycin, levofloxacin, and amoxicillin are 100 %, 91,7%, 83,3%, 75.0 %, 8.3 %, 75.0 %, 58.3 %, 50.0 %, 50.0 %, 41.7%, 33.3 %, 25.0 %, and 8.3 %, respectively, as shown in table (7) in similar results of study (Ali, 2016) which reported low resistance from gastric poultry governorate of Assiut against penicillin. nalidixic acid and Dissimilar to the World Health Organization (WHO) report, the rate of resistance to metronidazole 20 - 38%resistance ranged but against clarithromycin 14-34% where suggested that the therapeutic regimens with less than 80% efficacy are considered as treatment failure (Keikha & Karbalaei, 2021). Resulted into host susceptibility against un-balanced nitrate product to urea utilization where higher isolation from seronegative sheep and felines 25% & 11.7%. respectively was shown than 4.2% & 11.4% from seropositive animals, respectively as present in table (3)

although seroprevalence of animals was 85.5% & 67.3%, respectively as shown in table (1) & figure (4) in total twelve isolates. Similar to (Faten et al, 2018) who revealed no isolation from positive H. pylori seroprevalence felines (33.3%), compared to seroprevalence of humans (90%) Alboraie, et al. (2019). Breeding on soil and pipes water especially in autumn season of urban area as Hurghada changes metal regulation of urea transporting by nickel in sheep or iron in felines according to low gastric PH under 4 as in felines to be more suitable for normal habitat H. pylori Mobley et al. (2001) than sheep have PH above 5 to be protective resulted into higher isolation from gastric and stool of felines 11.5% than sheep 7.2% as shown in **table (3)**, similar to the most commonly detected genotypes 16s RNA in the liver and bile samples of felines (24.3%) Sacha et al. (2004) which is higher than isolation from slaughterhouses (20.67%) (Kareem and Al-Maaly, **2021**). To be recommended when nickel is repellant for urea that may be founded in rural area otherwise diet represented usually iron as attractant for urea in less amount in that evaluation urban area. of antibiotic susceptibility test in comparing to biotypes of H. pylori may be more diagnostics for effect of antibiotic resistance than serological identification. All H. pylori isolates were sensitive against amoxicillin, gentamycin, tetracycline, levofloxacin,

rifampicin and metronidazole was (91.7, 83.3, 66.7, 58.3, 50, 41.7 and 33.3%, respectively and cephalothin 16.7. amikacin and ciprofloxacin (25%) as shown in table (7). Amount of nitrogen to urea utilized presented in Hurghada then Luxor and Sohag will be future point research epidemiological on prevalence of *H. pylori* surveying the best identification through antibiotic susceptibility than culture or serology spending time, cost and effort, preferring quantitative PCR for determination rate of elimination or rate of acquisition against other flora which need the right antibiotic treatment.

Recommendation: Determination of nitrate product in soil and biological samples will be more preferable step for programming eradication H. pylori by antibiotics as Hurghada to be choosing by sequencing of multiple crisper antibiotic resistance gene region on suspected H. pylori infected vet clinical cases in the future researches. addition in to notification veterinarians from misusing antibiotics in area have balanced utilization urea to nitrogen assimilation as Sohag and Luxor provinces.

References

Agharid- Manssour, M. H. and Ahmed, Y. A (2008); Polymerase chain reaction as diagnostic method for *Helicobacter pylori* in comparison with other conventional methods. *Zag Vet J.* **36**(1):85-91. Ali, Roquia Mahmoud (2020); Prevalence of Helicobacter species in chicken meat and giblets and their control by natural antimicrobial. PhD thesis for Food Hygiene Dep. of Vet. Med, Assiut Univ.

Alboraie, Mohamed & El-Hossary, Walied & Alv. Osama & Abbas. Bahaa & Abdelsalam, Lobna & Ghaith, Doaa & Shady, Zakarya & Gaber, Yasmine & Adel, Eman & Peura, David & Armstrong, David & Esmat, Gamal & Ray, Ahmed & Altonbary, Ahmed & Soliman, Zeid. Ahmad & Ahmed & Elzahaby, Amgad & Elfert, Asem & Abd-Elsalam. Sherief (2019): Egyptian recommendations for management of Helicobacter pylori infection: 2018 report. Arab Journal of Gastroenterology. 20. 10.1016/j.aig.2019.09.001.

Al-Kadmy, I.M., Abid, S.A., Aziz, S.N., Al-Kadmy, Z., Suhail, A., Al-Jubori, S.S., Naji, E.N., Alhomaidi, E., Yahia, R., Algammal, A.M. and Batiha, G.E.S. (2023); The secrets of environmental *Pseudomonas aeruginosa* in slaughterhouses: Antibiogram profile, virulence, and antibiotic resistance genes. Folia Microbiologica, pp.1-18.

Al Sulami, A., Al Kiat, H., Bakker, L. and Hunoon, H. (2008); Primary isolation and detection of *Helicobacter pylori* from dyspeptic patients: a simple, rapid method. *EMHJ-Eastern Mediterranean Health Journal*, 14 (2), 268-276.

Anderson, M., Cecchini, M. and Mossialos, E. eds. (2020); Challenges to tackling antimicrobial resistance: economic and policy responses. Cambridge University Press. Ansari, S. and Yamaoka, Y. (2017); Survival of *Helicobacter pylori* in gastric acidic territory. *Helicobacter*, 22(4),

p.e12386.

Bury-Moné, S., Thiberge, J.M., Contreras, M., Maitournam, A., Labigne, A. and De Reuse, H. (2004); Responsiveness to acidity via metal ion regulators mediates virulence in the gastric pathogen *Helicobacter pylori. Molecular microbiology*, 53(2), pp.623-638.

Chattopadhyay, S., Patra, **R**... Ramamurthy, T., Chowdhury, A., Santra. A., Dhali. G.K.. Bhattacharya, S.K., Berg, D.E., Nair, G.B. and Mukhopadhyay, A.K. (2004); Multiplex PCR assay for rapid detection and genotyping of Helicobacter pylori directly from biopsy specimens. Journal of Clinical Microbiology, 42(6), pp.2821-2824.

Chen, D., Cunningham, S. A., Cole, N. C., Kohner, P. C., Mandrekar, J. N., & Patel, R. (2017); Phenotypic and molecular antimicrobial susceptibility of *Helicobacter pylori*. *Antimicrobial agents and chemotherapy*, 61(4), e02530-02516.

Cittelly, Diana & Dore, Maria & Bravo, María & Monsalve, H & Botero, R & Ricaurte, O & Yamaoka, Y & el-zimaity, Hala & Osato, MS & Fox, James & Realdi, Giuseppe & Graham, DY. (2002); *Helicobacter pylori* in animals is of human origin: studies in monkey's, sheep, and cats. A31-A31.

Doig, P., O'Toole, P. W., & Trust, T. J. (1997); Molecular characterization of H. pylori surface antigens *Helicobacter pylori Protocols* (pp. 177-189): Springer. Dore, M.P., Graham, D.Y. and Sepulveda, A.R. (1999); Different penicillin-binding protein profiles in amoxicillin-resistant *Helicobacter pylori*. Helicobacter, 4(3), pp.154-161.

Dunn, B. E., & Phadnis, S. H. (1998); Structure, function and localization of *Helicobacter pylori* urease. The Yale journal of biology and medicine, 71(2), 63.

Dykhuizen, R., Fraser, A., McKenzie, H., Golden, M., Leifert, C. and Benjamin, N. (1998); *Helicobacter pylori* is killed by nitrite under acidic conditions. Gut, 42(3), p.334.

Faten A. Elkassas, Samy A. Khaliel, Mohammed Shawky (2018); Characterization of *Helicobacter Pylori* and *Escherichia Coli* from Stool of Human and Pet Animals.; 56(1): 95-101.

Fernando, N., Holton, J., Zulu, I., Vaira, D., Mwaba, P. and Kelly, P. (2001); *Helicobacter pylori* infection in an urban African population. *Journal of clinical microbiology*, *39*(4), pp.1323-1327.

Follmer C. (2010); Ureases as a target for the treatment of gastric and urinary infections. J Clin Pathol. ;63(5):424-30.

Graham, D. Y., & Miftahussurur, M. (2018); *Helicobacter pylori* urease for diagnosis of *Helicobacter pylori* infection: A mini review. *Journal of Advanced Research*, 13, 51-57.

Haley KP, Gaddy JA. (2015); Metallo-regulation of *Helicobacter pylori* physiology and pathogenesis. Front Microbiol. 2; 6:911.

Haroun., Bakry Mohamed, Reda Ahmed Bayoumi, Gaber Zaki Aman & Usama Mohammed AliTahoun (2011);Microbiologicalevaluation of resevoirs drinking waterin HURGHADA city. ZagazigMedical Journal Vol. (17), No (2).

Harper, C.G., Xu, S., Rogers, A.B., Feng, Y., Shen, Z., Taylor, N.S., Dewhirst, F.E., Paster, B.J., Miller, M., Hurley, J. and Fox, J.G. (2003); Isolation and characterization of novel *Helicobacter spp.* from the gastric mucosa of harp seals Phoca groenlandica. *Diseases of aquatic organisms*, 57(1-2), pp.1-9.

Hoshina, S., Kahn, S.M., Jian, W., Green, P.H., Neu, H.C., Chin, N., Morotomi, M., LoGerfo, P. and Weinstein. I.B. (1990); Direct detection and amplification of Helicobacter pylori ribosomal 16S segments from gene gastric endoscopic biopsies. Diagnostic microbiology and infectious disease, 13(6), pp.473-479.

Justino, M.C., Ecobichon, C., Fernandes, A.F., Boneca, I.G. and Saraiva, L.M. (2012); *Helicobacter pylori* has an unprecedented nitric oxide detoxifying system. *Antioxidants & Redox Signaling*, 17(9), pp.1190-1200.

Kareem, F.A. and Al-Maaly, N.M. (2021); Molecular Detection of *Helicobacter Pylori* in Sheep at ALMuthana Province of Iraq. *Indian Journal of Forensic Medicine & Toxicology*, 15(4), pp.1159-1165.

Keikha, M., & Karbalaei, M. (2021); Probiotics as the live microscopic fighters against *Helicobacter pylori* gastric infections. BMC gastroenterology, 21(1), 1-18.

Kim, S.Y., Choi, D.J. and Chung, J.W. (2015); Antibiotic treatment for

Helicobacter pylori: Is the end coming? World journal of gastrointestinal pharmacology and therapeutics, 6(4), p.183.

Knorr, J., Ricci, V., Hatakeyama, M., & Backert, S. (2019); Classification of *Helicobacter pylori* virulence factors: Is CagA a toxin or not? *Trends in microbiology*, 27(9), 731-738.

Konishi, K., Saito, N., Shoji, E., Takeda, H., Kato, M., Asaka, M. and OOI, H.K. (2007); *Helicobacter pylori*: longer survival in deep ground water and sea water than in a nutrientrich environment. *Apmis*, *115*(11), pp.1285-1291.

Konturek, S.J., Konturek, P.C., Konturek, J.W., Plonka, M., Czesnikiewicz-Guzik, M., Brzozowki, T. and Bielanski, W. (2006); *Helicobacter pylori* and its involvement in gastritis and peptic ulcer formation. *Journal of Physiology and pharmacology*, 57, p.29.

Krishnamurthy, P., Parlow, M., Zitzer, J.B., Vakil, N.B., Mobley, H.L., Levy, M., Phadnis, S.H. and Dunn, B.E. (1998); *Helicobacter pylori* containing only cytoplasmic urease is susceptible to acid. Infection and immunity, 66(11), pp.5060-5066. Lea Eriksson and Maija Valtonen (1974); Annales Zoologici Fennici Seasonal changes in renal urea concentration in the reindeer

(Rangifer tarandus L.) Vol. 11, No. 3, pp. 200-203.

Leitsch, D. (2019); A review on metronidazole: an old warhorse in antimicrobial chemotherapy. Parasitology, 146(9), 1167-1178. Mohammed, S. I., Hassan, H. M., Taha, K., & El Hussein, A. (2014); Seroprevalence of *Helicobacter pylori* infection in cattle, sheep, goats and chickens in Marawi area, Northern State, Sudan.

Mégraud, F. (1998); Epidemiology and mechanism of antibiotic resistance in *Helicobacter pylori*. Gastroenterology, 115(5), pp.1278-1282.

Mladenova-Hristova, I., Grekova, O., & Patel, A. (2017); Zoonotic potential of *Helicobacter spp. Journal* of Microbiology, Immunology and Infection, 50(3), 265-269.

Mobley HLT, Mendz GL, Hazell SL (2001); Physiology and Genetics. *Helicobacter pylori*.

Modolo, L. V., de Souza, A. X., Horta, L. P., Araujo, D. P., & de Fatima, A. (2015); An overview on the potential of natural products as ureases inhibitors: A review. *Journal* of Advanced Research, 6(1), 35-44.

Mumbo, M.T., Nyaboga, E.N., Kinyua, J., Muge, E.K., Mathenge, S.G., Muriira, G., Rotich, H., Njiraini, B. and Njiru, J.M. (2023); Prevalence and antimicrobial profile resistance of bacterial foodborne pathogens in Nile tilapia fish (Oreochromis niloticus) at points of retail sale in Nairobi, Kenya. Frontiers in Antibiotics, 2, p.1156258. "NCCLS" Standards Laboratory **Clinical for Committee National** susceptibility antimicrobial for standards performance (2001); testing. Supplement M 100-S111. Villanova, PA, USA.

Panday, D. (2011); Urea as a Non-Protein Nitrogen Sources for Ruminants.

Park. C., Smibert. R., Blaser. M., Vanderzant, C. and Stern, N. (1984); Campylobacter in•" Compendium of methodes for the Microbiological examination of food": Speck. M (ed) American public Health Association, Washington, DC. Patel, S. K., Pratap, C. B., Verma, A. K., Jain, A. K., Dixit, V. K., & Nath, G. (2013); Pseudomonas fluorescens-like bacteria from the stomach: a microbiological and molecular study. World Journal of Gastroenterology: WJG, 19(7), 1056. Pelegrin, A. C., Palmieri, M., Mirande, C., Oliver, A., Moons, P., Goossens, H., & van Belkum, A. (2021); Pseudomonas aeruginosa: a clinical and genomics update. FEMS microbiology reviews. 45(6), fuab026.

Raghu B, Sarma GR, Venkatesan P. (1995); Effect of anti-tuberculosis drugs on the iron-sequestration mechanisms of mycobacteria. Indian J Pathol Microbiol. Jul;38(3):287-92. PMID: 8819661.

Rodriguez, A.M., Urrea, D.A. and Prada, C.F. (2021); *Helicobacter pylori* virulence factors: relationship between genetic variability and phylogeographic origin. PeerJ, 9, p.e12272.

Rokkas, T. and Ekmektzoglou, K. (2023); Advances in the pharmacological and regulatory management of multidrug resistant *Helicobacter pylori*. Expert Review of Clinical Pharmacology, 16(12), pp.1229-1237.

Rowinska-Zyrek, M., Zakrzewska-Czerwinska, J., Zawilak-Pawlik, A. and Kozlowski, H. (2014); Ni 2+ chemistry in pathogens–a possible target for eradication. Dalton transactions, 43(24), pp.8976-8989.

Sabbagh. **P..** Mohammadnia-Afrouzi. Javanian. М., М., A., Babazadeh, Koppolu, V., Vasigala, V.R., Nouri, H.R. and Ebrahimpour, S. (2019); Diagnostic for *Helicobacter* pylori methods ideals. options. infection: and limitations. European Journal of Clinical Microbiology & Infectious Diseases, 38(1), pp.55-66.

Sacha Y. Boomkens, Johannes G. Kusters, Gaby Hoffmann, Raymond G.J. Pot, Bart Spee, Louis C. Penning, Herman F. Egberink, Ted S.G.A.M. van den Ingh. Jan Rothuizen (2004); Detection of Helicobacter pylori in bile of cats, FEMS Immunology & Medical Microbiology, Volume 42, Issue 3, November 2004. Pages 307-311. https://doi.org/10.1016/j.femsim. 06.002.

Safonov, A.V., Babich, T.L., Sokolova, D.S., Grouzdev, D.S., Tourova, T.P., Poltaraus, A.B., Zakharova, E.V., Merkel, A.Y., Novikov, A.P. and Nazina, T.N. (2018); Microbial community and in situ bioremediation of groundwater by nitrate removal in the zone of a radioactive waste surface repository. Frontiers in microbiology, 9, p.1985.

Sambrook, J., Fritsch, E. F. and Maniatis, T. (1989); Molecular cloning: a laboratory manual: Cold spring harbor laboratory press.

Sánchez-Alonzo, K., Parra-Sepúlveda, C., Vergara, L., Bernasconi, H., & García-Cancino, A. (2020); Detection of *Helicobacter pylori* in oral yeasts from students of a Chilean university. *Revista da* Associação Médica Brasileira, 66, 1509-1514.

Sanders, L., Andermann, T.M. and Ottemann, K.M. (2013); A supplemented soft agar chemotaxis assay demonstrates the *Helicobacter pylori* chemotactic response to zinc and nickel. *Microbiology*, *159*(Pt 1), p.46.

Sarraseca A, Milne E, Metcalf MJ & Lobley GE (1998); Urea recycling in sheep: effects of intake. British Journal of Nutrition 79, 79–88.

Singh, S., Yadav, A. S., Singh, S. M., & Bharti, P. (2010); Prevalence of Salmonella in chicken eggs collected from poultry farms and marketing channels and their antimicrobial resistance. *Food Research International*, 43(8), 2027-2030.

Snell, J. J., Brown, D. F., & Roberts, C. (1999); Quality assurance: principles and practice in the microbiology laboratory: Public Health Laboratory Service.

Stevenson, T., Castillo, A., Lucia, L., & Acuff, G. (2000); Growth of *Helicobacter pylori* in various liquid and plating media. *Letters in Applied Microbiology*, *30*(3), 192-196.

Testerman, T. L., & Morris, J. (2014); Beyond the stomach: an updated view of *Helicobacter pylori* pathogenesis, diagnosis, and treatment. *World Journal of Gastroenterology: WJG*, 20(36), 12781.

Thyagarajan, S.P., Ray, P., Das, B.K., Ayyagari, A., Khan, A.A., Dharmalingam, S., Rao, U.A., Rajasambandam, P., Ramathilagam, B., Bhasin, D. and Sharma, M.P. (2003); Geographical difference in antimicrobial resistance pattern of *Helicobacter pylori* clinical isolates from Indian patients: Multicentric study. Journal of gastroenterology and hepatology, 18(12), pp.1373-1378.

Tiwari, S., Khan, A., Manol, G., Ahmed, S., Abid, Z., Habeeb, A., Abid, Z., and Habibullah, C. (2007); A Simple multiplex PCR assay for diagnosing virulent *Helicobacter pylori* infection in human gastric biopsy specimens from subjects with gastric carcinoma and other gastroduodenal diseases. *J.Appl. Microbiol.*, **103 (6):** 2353-2360.

Tombola, F., Morbiato, L., Del Giudice, G., Rappuoli, R., Zoratti, M. and Papini, E. (2001); The *Helicobacter pylori* VacA toxin is a urea permease that promotes urea diffusion across epithelia. The journal of clinical investigation, 108(6), pp.929-937.

Tsay, F.W. and Hsu, P.I. (2018); *H. pylori* infection and extra-gastroduodenal diseases. Journal of biomedical science, 25, pp.1-8.

Watt, B., Miles, R. and Collee, J. (1996); Tests for identification of bacteria. *Practical Medical Microbiology* 14th Ed. *New York: Churchil Livingstone*, 131-150.

Xia, H.H.X. and Talley, N.J. (1997); Natural acquisition and spontaneous elimination of *Helicobacter pylori* infection: clinical implications. *American Journal of Gastroenterology* (Springer Nature), 92(10).

Zhu, Z., Antenucci, F., Villumsen, K. R., & Bojesen, A. M. (2021); Bacterial outer membrane vesicles as a versatile tool in vaccine research and the fight against antimicrobial resistance. *Mbio*, 12(4), e01707-01721. الملخص العربي

المقاومة للأنماط البيوكيميائية لعزلات الجرثومه الحلزونيه للمضادات الحيوية المتعددة في الأغنام والقطط المختبره سيرولوجيا في صعيد مصر المحمد السيد عناني. 2هناء محمد فاضل. 3أسامه حسن ابو شامه. ⁴محمد عزت عبد الجيد خليف. 5 منى محمد محمود أحمد. *1 قسم الميكر وبيولوجي بكليه الطب البيطري جامعه قناه السويس. 2. قسم الأمر اض المشتر كه بكليه الطب البيطري جامعه قناه السوس. 3. قسم الميكر وبيولوجي بكليه الطب البيطري جامعه سوهاج. 4 قسم الأمر اض المشتر كه بكليه الطب البيطري جامعه الوادي الجديد. 5. طالب دكتوراه 4 قسم الأمر اض المشتر كه بكليه الطب البيطري جامعه الوادي الجديد. 5. طالب دكتوراه ميكر وبيولوجي بكليه الطب البيطري جامعه قناه السويس.*

الملخص العربى

أظهرت هذه الدر اسة المقاومة للمضادات الحيوية المتعدده لأنواع بيوكيميائية مختلفة من عزلات الجرثومه الحلزونيه من القطط والأغنام في صعيد مصر من إجمالي مائة وخمسة وثلاثين عزلة من (6 عينات نسيج معدة و46 عينه بر از)من 52قطه و(66 عينه نسيج معدة و 17عينه لبن)من 83 غنم في محافظات الغريقة والأقصر وسوهاج تم فحصبهم سيرولوجيا باستخدام اختبار مستضد انتجين البر از للقطط و اختبار التلزن للأغنام في إجمالي 67.3%من اجل زرعها في أنابيب معقمة 5 مل من مرق ثيو غليكو لات مضاف اليها 10 ميكر ولتر من الهيمين لعينات القطط أو غير مضاف لعينات الإغنام في نسبه اكسجين محدوده عند 37 در جة مئوي خلال 36 ساعة ، و بعاد ز ر اعتها على أطباق مملوءة من 500 مل من أجار القلب والدماغ الدموي المضاف إليه 135 مبكر ولتر من محلول اليوريا 40٪، نوفوبيوسين 500 ميكر ولتر ، فانكو مايسين 25 ميكر ولتر ، وأمفوتير يسين ب 350 ميكر ولتر لمدة 5 أيام وتم فحصها مجهريا على صبغة سالبة الجرام، وكيميائيا على الأكسيداز الموجب، والنشاط الأنزيمي المتغير لاختزال اليورياز والنترات الذي تم تأكيد عن. بوليمير 16اوكسيدورييونيوكليي أربع عزلات في كل محافظة بنسبة إجمالية 8.8 ٪. خلال تفاعلسلسلة لتسجيل أعلى مقاومة للمضادات الحيوية المتعددة عن طريق اختبار الحساسية للمضادات الحيويه (1.0)و (0.643) و (0.857) بين نسبة واسعة من عزلات اليورياز وعزلات اختزال النترات (1:1.8) في الغريقة. لكن النسبة المتساوية منها تضمنت أقل معدل مقاومة للمضادات الحيوية المتعددة (0.07) بالإضافة إلى (0.5) و (0.286) و (0.714) في سو هاج.