



FULL PAPER

Bacteriology

# Prevalence of antimicrobial-resistant staphylococci in nares and affected sites of pet dogs with superficial pyoderma

Hidemasa NAKAMINAMI<sup>1)</sup>\*, Yuu OKAMURA<sup>1)</sup>, Satomi TANAKA<sup>1)</sup>, Takeaki WAJIMA<sup>1)</sup>, Nobuo MURAYAMA<sup>2)</sup> and Norihisa NOGUCHI<sup>1)</sup>

<sup>1)</sup>Department of Microbiology, School of Pharmacy, Tokyo University of Pharmacy and Life Sciences, 1432-1 Horinouchi, Hachioji, Tokyo 192-0392, Japan

<sup>2)</sup>Dermatology Services for Dogs and Cats, 2-11-14 Hirano, Koto-ku, Tokyo 135-0023, Japan

**ABSTRACT.** Currently, antimicrobial-resistant staphylococci, particularly methicillin-resistant *Staphylococcus pseudintermedius* (MRSP), are frequently isolated from canine superficial pyoderma in Japan. However, little is known regarding the nasal prevalence of MRSP in pet dogs. Here, we determined the prevalence of antimicrobial-resistant staphylococci in nares and affected sites of pet dogs with superficial pyoderma. Of the 125 nares and 108 affected sites of pet dogs with superficial pyoderma. In (eight species) staphylococci strains, respectively, were isolated. The isolation rate of *S. pseudintermedius* from pyoderma sites (82/110 strains, 74.5%) was significantly higher than that from nares (57/107 strains, 53.3%) (*P*<0.01). Notably, the prevalence of MRSP (18/57 strains, 31.6%) in nares was equivalent to that in pyoderma sites (28/82 strains, 34.1%). Furthermore, the phenotypes and genotypes of antimicrobial resistance in MRSP strains from nares were similar to those from pyoderma sites. Our findings revealed that the prevalence of antimicrobial-resistant staphylococci in the nares of pet dogs with superficial pyoderma is the same level as that in affected sites. Therefore, considerable attention should be paid to the antimicrobial resistance of commensal staphylococci in companion animals.

**KEY WORDS:** antimicrobial resistance, pet dog, *Staphylococcus aureus*, *Staphylococcus pseudintermedius*, *Staphylococcus schleiferi* 

*J. Vet. Med. Sci.* 83(2): 214–219, 2021 doi: 10.1292/jvms.20-0439

Received: 21 July 2020 Accepted: 7 December 2020 Advanced Epub: 18 December 2020

Staphylococci are widely disseminated as commensal bacteria in human and animal skins and mucosae. However, many species can serve as causative agents for infectious diseases. These bacteria are divided into coagulase-positive staphylococci (CoPS) and coagulase-negative staphylococci (CoNS). To date, at least 11 species (*Staphylococcus aureus*, *S. simiae*, *S. intermedius*, *S. delphini*, *S. lutrae*, *S. pseudintermedius*, *S. schleiferi*, *S. hyicus*, *S. agnetis*, *S. chromogenes*, and *S. felis*) have been identified as CoPS [2]. Generally, the virulence of CoPS is higher than that of CoNS, and *S. aureus*, *S. pseudintermedius*, and *S. schleiferi* are major pathogens for humans and dogs [4].

*S. aureus*, a typical CoPS, causes various infectious diseases in humans due to the production of various toxins [33]. In contrast, *S. pseudintermedius* is the major causative agent of superficial pyoderma in dogs [11]. Currently, the identification of methicillin-resistant *S. pseudintermedius* (MRSP) and methicillin-resistant *S. schleiferi* (MRSS) in canines with pyoderma is a problematic issue in the veterinary field, particularly in Japan [21]. Some MRSP strains show multidrug resistance due to the presence of aminoglycoside resistance gene (*aacA-aphD*), macrolide resistance gene (*ermB*), and tetracycline resistance genes (*tetM*, *tetK*) [25].

Commensal staphylococci in dogs may cause pyoderma on their skin [8]. Inadequate use of antimicrobial agents for pet dogs could lead to resistance in their commensal bacteria. We previously reported that antimicrobial-resistant bacteria were frequently found in commensal staphylococci in humans [32]. Exogenetic antimicrobial resistance determinants can transfer horizontally among staphylococci because they are located on mobile genetic elements [18]. Therefore, from a "One Health" perspective, we should pay attention to the commensal staphylococci of companion animals to prevent their transmission to humans. Here, we characterized staphylococci isolated from nares and affected sites in pet dogs with superficial pyoderma in Japan.

\*Correspondence to: Nakaminami, H.: nakami@toyaku.ac.jp

(Supplementary material: refer to PMC https://www.ncbi.nlm.nih.gov/pmc/journals/2350/)

<sup>©2021</sup> The Japanese Society of Veterinary Science



This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial No Derivatives (by-nc-nd) License. (CC-BY-NC-ND 4.0: https://creativecommons.org/licenses/by-nc-nd/4.0/)

# MATERIALS AND METHODS

#### Bacterial strains

We obtained informed consent from the owners of the pet dogs used in this study. Nare samples were collected from 125 pet dogs with pyoderma using sterilized swabs from July to September 2011 at a veterinary clinic in Tokyo, Japan. The pyoderma samples (affected area) were collected from 108 pet dogs, which were different dogs to those used for the nare samples, using sterilized swabs from July to September 2014 from three veterinary clinics in Tokyo (43 samples), Saitama (40 samples), and Chiba (25 samples), Japan (Supplementary Table 1). All veterinary clinics are primary care institutions. *S. pseudintermedius* LMG 22219, *S. schleiferi* JCM 7470, and *S. aureus* JCM 2874 were used as quality control strains for antimicrobial susceptibility testing. The MRSA N315 strain was used as a reference strain for a typical MRSA strain [16].

#### Growth conditions and bacterial identification

The samples, which were collected using Venturi Transystem<sup>®</sup> Culture Swab Transport System (Copan Diagnostics Inc., Murrieta, CA, USA), were cultured on mannitol salt agar (Oxoid, Hampshire, UK) under aerobic conditions at 35°C for 48 hr. All colonies with different colors and morphologies were selected and streak cultured on tryptone soy agar (Oxoid) under aerobic conditions at 35°C for 24 hr. Following, the isolates were tested using Gram staining, degradation of mannitol, and production of coagulase (PS LATEX; Eiken Chemical, Tokyo, Japan) [28]. CoPS species were determined using the multiplex PCR method developed by Sasaki *et al.* [26]. Strains that could not be identified using PCR were determined using 16S rRNA gene sequencing [9]. MRSP, MRSS, and MRSA were identified based on the presence of *mecA* [13].

#### Antimicrobial susceptibility testing

Minimum inhibitory concentrations (MICs) were determined using the agar doubling-dilution method, in accordance with the criteria proposed by the Clinical and Laboratory Standards Institute (CLSI) [5]. The following antimicrobial agents were used: ampicillin (FUJIFILM Wako Pure Chemical Corp., Osaka, Japan), oxacillin (Sigma-Aldrich, St. Louis, MO, USA), cephalexin (Tokyo Chemical Industry Co., Ltd., Tokyo, Japan), imipenem (FUJIFILM Wako), fosfomycin (Sigma-Aldrich), enrofloxacin (Tokyo Chemical Industry), levofloxacin (FUJIFILM Wako), erythromycin (Sigma-Aldrich), lincomycin (Sigma-Aldrich), gentamicin (FUJIFILM Wako), minocycline (FUJIFILM Wako), chloramphenicol (FUJIFILM Wako), and vancomycin (FUJIFILM Wako). The breakpoints of these antimicrobial agents were determined using the interpretation criteria proposed by the CLSI [6].

#### PCR amplification

PCR for the detection of *mecA*, ET (*eta*, *etb*, and *etd*), SE (*sea*, *seb*, *sec*, *sed*, *see*, *seg*, *seh*, *sei*, and *sej*), TSST-1 (*tst*), hemolysin (*hla*, *hlb*, *hld*, *hlg*, and *hlg*-2), leukocidin (*lukS/F-PV*, *lukED*, and *lukM*), epidermal cell differentiation inhibitor (*edin*), ACME (*arcA* and *opp*-3*C*), macrolide resistance (*ermA*, *ermB*, and *ermC*), tetracycline resistance (*tetM* and *tetK*), lincomycin resistance (*lnuA*), and aminoglycoside resistance (*aacA-aphD*) genes was carried out as described previously [14, 17, 22, 27, 29, 30].

#### Multilocus sequence typing (MLST) for S. aureus

MLST for *S. aureus* was performed as described previously [7, 23].

#### Statistical analysis

Differences in the rates of gene possession and antimicrobial resistance were evaluated using the  $\chi^2$  or Fisher's exact test (n<10). *P* values of less than 0.05 were considered statistically significant.

### RESULTS

## Identification of species for staphylococci isolated from nares and pyoderma sites of dogs

Among the nare samples of 125 dogs, 92 (73.6%) were positive for staphylococci, from which we isolated 107 *Staphylococcus* strains. These staphylococci were classified into 13 species (Table 1). *S. pseudintermedius* (57/107 strains, 53.3%) was predominant, followed by *S. schleiferi* (26/107 strains, 24.3%) and *S. aureus* (5/107 strains, 4.7%). In contrast, 98 (90.7%) pyoderma samples from 108 dogs were positive for staphylococci, of which 110 *Staphylococcus* strains were isolated. These staphylococci were classified into eight species (Table 
 Table 1. Isolation rates of *Staphylococcus* species isolated from nares and pyoderma sites in pet dogs

	No. (%) of isolates								
Species	Nares (n=107)	Pyoderma (n=110)	Total (n=217)						
S. aureus	5 (4.7)	1 (0.9)	6 (2.8)						
S. capitis	2 (1.9)	0	2 (0.9)						
S. caprae	2 (1.9)	0	2 (0.9)						
S. chromogenes	1 (0.9)	0	1 (0.5)						
S. cohnii ssp. urealyticus	2 (1.9)	0	2 (0.9)						
S. epidermidids	0	3 (2.7)	3 (1.4)						
S. haemolyticus	2 (1.9)	3 (2.7)	5 (2.3)						
S. lugdunensis	3 (2.8)	0	3 (1.4)						
S. pseudintermedius	57 (53.3)	82 (74.5)*	139 (64.1)						
S. saprophyticus	1 (0.9)	1 (0.9)	2 (0.9)						
S. schleiferi ssp. coagulans	26 (24.3)	18 (16.4)	44 (20.3)						
S. sciuri	1 (0.9)	1 (0.9)	2 (0.9)						
S. simulans	3 (2.8)	0	3 (1.4)						
S. warneri	0	1 (0.9)	1 (0.5)						
S. xylosus	1 (0.9)	0	1 (0.5)						
Not determined <sup>a</sup>	1 (0.9)	0	1 (0.5)						

Zero to two bacteria were detected in each subject. <sup>a</sup>, Species of the isolates could not be determined. \*P<0.01, vs. nares.

Species	Origin (n)	No. (%) of isolates						
Species	Origin (ii)	mecA-positive	mecA-negative					
Staphylococcus pseudintermedius	Nares (57)	18 (31.6)	39 (68.4)					
	Pyoderma (82)	28 (34.1)	54 (65.9)					
S. shleiferi	Nares (26)	8 (30.8)	18 (69.2)					
	Pyoderma (18)	5 (27.8)	13 (72.2)					
S. aureus	Nares (5)	2 (40.0)	3 (60.0)					
	Pyoderma (1)	0	1 (100.0)					

**Table 2.** Proportion of methicillin-resistant Staphylococcus pseudintermedius, methicillin-resistant Staphylococcus shleiferi, and methicillin-resistant Staphylococcus aureus isolated from nares and pyoderma sites in pet dogs

1). S. pseudintermedius (82/110 strains, 74.5%) was predominant in the pyoderma samples, followed by S. schleiferi (18/110 strains, 16.4%). S. aureus was found in only one sample (0.9%) of pyoderma sites. The isolation rate of staphylococci in pyoderma samples was significantly higher than that of the nare samples (P<0.001). In particular, the isolation rate of S. pseudintermedius from pyoderma samples was significantly higher than that of the nare samples (P<0.001).

Detection of *mecA* was performed for *S. pseudintermedius*, *S. schleiferi*, and *S. aureus* strains, and methicillin-resistant strains were determined. As a result, 18 of 57 *S. pseudintermedius* strains (31.6%), eight of 26 *S. schleiferi* strains (30.8%), and two (40.0%) of five *S. aureus* strains from nares were identified as MRSP, MRSS, and MRSA, respectively (Table 2). On the other hand, MRSP and MRSS were found in 28 of 82 *S. pseudintermedius* strains (34.1%) and five of 18 *S. schleiferi* strains (27.8%) from pyoderma sites, respectively. The MRSA strain was not found in the pyoderma sites. No significant difference was found in the proportion of *mecA*-positive strains in *S. pseudintermedius* and *S. schleiferi* strains isolated from the nares and pyoderma sites of dogs (*P*=0.75 and 1.00, respectively).

## Antimicrobial susceptibility of S. pseudintermedius and S. schleiferi strains isolated from nares and pyoderma sites

Antimicrobial susceptibilities of staphylococci isolated from nares and pyoderma sites were compared (Tables 3 and 4). No obvious difference was found in the antimicrobial resistance rates between strains originating from nares and pyoderma sites in either *S. pseudintermedius* or *S. schleiferi* strains. MRSP strains showed multidrug resistance against levofloxacin, erythromycin, gentamicin, and chloramphenicol (Table 3). Five of 39 strains (12.8%) of methicillin-susceptible *S. pseudintermedius* (MSSP) exhibited resistance against oxacillin despite being negative for *mecA*. Antimicrobial susceptibility against most agents of *S. schleiferi* strains was higher than that against *S. pseudintermedius* strains (Tables 3 and 4). Two MRSS strains (40.0%) from pyoderma sites were *mecA*-positive but susceptible to oxacillin. Similar to the above-mentioned MSSP strains, two methicillin-susceptible *S. schleiferi* (MSSS) strains (11.1%) exhibited resistance against oxacillin despite being negative for *mecA*.

## Antimicrobial resistance genes in S. pseudintermedius and S. schleiferi strains isolated from nares and pyoderma sites

Antimicrobial resistance genes were detected (Tables 5 and 6). In addition to the results of antimicrobial susceptibility tests, no great difference was found in the detection rates of antimicrobial resistance genes between strains originating from nares and pyoderma sites in either *S. pseudintermedius* or *S. schleiferi* strains. The possession rate of *ermB* was consistent with the resistance rate of erythromycin, whereas the rates of *aacA-aphD* possession (e.g., 94.4% in MRSP strains from nares) and gentamicin resistance (e.g., 50.0% in MRSP strains from nares) differed widely (Tables 3 and 5). However, all *aacA-aphD*-positive strains showed decreased susceptibility to gentamicin (MICs >2  $\mu$ g/ml). Likewise, the possession rate of *tetM* was not consistent with the rate of resistance to minocycline.

The possession rates of antimicrobial resistance genes in *S. schleiferi* were lower than those of *S. pseudintermedius* (Table 6). No great difference in the possession rates of antimicrobial resistance genes in *S. schleiferi* was found between the strains originating from nares and pyoderma sites.

## Characterization of S. aureus isolated from pet dogs

In the present study, *S. aureus* strains were identified in five nare samples and one pyoderma sample (Table 1). Based on MLST analysis, we classified the strains from nares (NVM123, NVM146a, NVM151a, NVM178, and NVM183a) as ST30, 15, 5, 188, and 5, respectively (Table 7). The MV103 strain from pyoderma sites was classified as ST8. Among the strains from nares, NVM151a and NVM183a were MRSA. The antimicrobial resistance genes *ermA*, *lnuA*, *aacA-aphD*, and *tetM* were detected in three, one, two, and two strains, respectively. The presence of antimicrobial resistance genes was consistent with their susceptibilities (Supplementary Table 2). Notably, the ST5 MRSA strain showed high MIC values and multidrug resistance against  $\beta$ -lactams, macrolides, and lincomycin.

The possession patterns of virulence factors in *S. aureus* strains differed based on the clonal type. In particular, many virulence factors, such as *seb*, *sec*, *seg*, *sei*, *tst* (NVM183a), *lukED*, *hla*, *hld*, and *hlg-2*, were found in the ST5 MRSA strains.

Antimicrobial -	Methicillin-res	sistant S. ps	eudintermedius (MI	Methicillin-susceptible S. pseudintermedius (MSSP)						
	Nares (n=1)	8)	Pyoderma (n=	=28)	Nares (n=3)	9)	Pyoderma (n=54)			
$\frac{\text{MIC}_{50} / \text{MIC}_{90}}{\text{MIC}_{50} / \text{MIC}_{90}} = R (\%) \frac{\text{MIC}_{50} / \text{MIC}_{90}}{\text{MIC}_{90}} = 1$		R (%)	MIC <sub>50</sub> / MIC <sub>90</sub>	R (%)	MIC <sub>50</sub> / MIC <sub>90</sub>	R (%)				
Ampicillin	0.25 / 4	-	0.5 / 4	-	≤0.06 / 0.25	-	≤0.06 / ≤0.06	-		
Oxacillin	0.5 / ≥256	88.9	1 /≥256	82.1	0.13 / 0.5	12.8	≤0.06 / ≤0.06	1.9		
Cephalexin	4 / 128	-	1 / 16	-	2 / 64	-	0.25 / 0.5	-		
Imipenem	≤0.06 / ≤0.06	-	≤0.06 / ≤0.06	-	$\leq 0.06 / \leq 0.06$	-	$\leq 0.06 / \leq 0.06$	-		
Fosfomycin	≤0.5 / ≥256	-	≤0.5 / 64	-	≤0.5 / 128	-	≤0.5 / ≤0.5	-		
Enrofloxacin	16 / 32	-	16 / 32	-	0.5 / 16	-	≤0.06 / 16	-		
Levofloxacin	8 / 8	94.4	8 / 16	89.3	0.25 / 8	35.9	≤0.06 / 8	24.1		
Erythromycin	≥256 / ≥256	94.4	≥256 / ≥256	89.3	0.13 / ≥256	30.8	≤0.06 / ≥256	40.7		
Lincomycin	≥256 / ≥256	-	≥256 / ≥256	-	0.5 / ≥256	-	0.5 /≥256	-		
Gentamicin	8 / 32	50.0	8 / 16	46.4	0.5 / 16	17.9	≤0.13 / 8	7.4		
Minocycline	1 / 4	0.0	2 / 8	0.0	≤0.5 / 1	0.0	≤0.5 / 8	0.0		
Chloramphenicol	4 / 64	38.9	64 / 64	60.7	2/32	10.3	4 / 64	14.8		
Vancomycin	0.5 / 0.5	0.0	0.5 / 1	0.0	0.5 / 1	0.0	0.5 / 1	0.0		

**Table 3.** Comparison of the antimicrobial susceptibility of *Staphylococcus pseudintermedius* strains isolated from nares and pyoderma sites in pet dogs

 $MIC_{50} / MIC_{90}$ , the minimum inhibitory concentrations (MICs) ( $\mu$ g/ml) that inhibit the growth of 50% / 90% of the strains. R, rate of resistant strains. The resistance breakpoints of the following antimicrobial agents were defined according to criteria from the CLSI [6]: oxacillin,  $\geq 0.5 \mu$ g/ml; levofloxacin,  $\geq 4 \mu$ g/ml; erythromycin,  $\geq 8 \mu$ g/ml; gentamicin,  $\geq 16 \mu$ g/ml; minocycline,  $\geq 16 \mu$ g/ml; chloramphenicol,  $\geq 32 \mu$ g/ml; vancomycin,  $\geq 16 \mu$ g/ml. -, breakpoints were not defined.

Table 4. Comparison of the antimicrobial susceptibility of Staphylococcus schleiferi strains isolated from nares and pyoderma sites in pet dogs

	Methicilli	n-resistant	S. schleiferi (MRSS)	)	Methicillin-susceptible S. schleiferi (MSSS)							
$\begin{array}{c} \text{Antimicrobial} \\ \text{agent} \\ \hline MIC_{50} / MIC_{90} \\ R (\%) \\ \hline M \end{array}$	Nares (n=8	5)	Pyoderma (n	=5)	Nares (n=18	8)	Pyoderma (n=13)					
	MIC <sub>50</sub> / MIC <sub>90</sub>	R (%)	MIC <sub>50</sub> / MIC <sub>90</sub>	R (%)	MIC <sub>50</sub> / MIC <sub>90</sub>	R (%)						
Ampicillin	0.13 / 0.25	-	1 / 8	-	≤0.06 / 0.5	-	$\leq 0.06 / 0.25$	-				
Oxacillin	2 / 4	87.5	0.5 / 128	60.0	≤0.06 / 8	11.1	$\leq 0.06 / \leq 0.06$	7.7				
Cephalexin	8 / 16	-	4 / 64	-	2 / 2	-	0.25 / 0.5	-				
Imipenem	$\leq 0.06 / \leq 0.06$	-	$\leq 0.06 / \leq 0.06$	-	≤0.06 / ≤0.06	-	$\leq 0.06 / \leq 0.06$	-				
Fosfomycin	1 / 8	-	≤0.5 /≥256	-	≤0.5 / 16	-	≤0.5 / ≤0.5	-				
Enrofloxacin	0.5 / 2	-	0.13 / 1	-	0.5 / 16	-	0.25 / 8	-				
Levofloxacin	0.25 / 2	0.0	0.25 / 1	0.0	0.25 / 8	38.9	0.13 / 8	23.1				
Erythromycin	≤0.06 / 0.13	0.0	$\leq 0.06 / \leq 0.06$	0.0	≤0.06 / 16	11.1	$\leq 0.06 / \leq 0.06$	0.0				
Lincomycin	0.13 / 0.25	-	0.25 / 32	-	0.25 /≥256	-	0.13 / 0.5	-				
Gentamicin	0.5 / 8	0.0	≤0.13 / 32	20.0	0.5 / 1	5.6	≤0.13 / 0.5	0.0				
Minocycline	$\leq 0.5 / \leq 0.5$	0.0	$\leq 0.5 / \leq 0.5$	0.0	≤0.5 / ≤0.5	0.0	$\le 0.5 / \le 0.5$	0.0				
Chloramphenicol	2 / 2	0.0	2 / 4	0.0	2 / 2	0.0	4 / 4	7.7				
Vancomycin	0.5 / 1	0.0	1 / 1	0.0	0.5 / 1	0.0	0.5 / 1	0.0				

 $MIC_{50} / MIC_{90}$ , the minimum inhibitory concentrations (MICs) (µg/ml) that inhibit the growth of 50% / 90% of the strains. R, rate of resistant strains. The resistance breakpoints of the following antimicrobial agents were defined according to criteria from the CLSI [6]: oxacillin,  $\geq 0.5 \mu$ g/ml; levofloxacin,  $\geq 4 \mu$ g/ml; erythromycin,  $\geq 8 \mu$ g/ml; gentamicin,  $\geq 16 \mu$ g/ml; minocycline,  $\geq 16 \mu$ g/ml; chloramphenicol,  $\geq 32 \mu$ g/ml; vancomycin,  $\geq 16 \mu$ g/ml. -, breakpoints were not defined.

**Table 5.** Comparison of the possession rates of antimicrobial resistance genes in *Staphylococcus pseudintermedius* strains isolated from nares and pyoderma sites in pet dogs

Gene	No. (%) of strains											
	Methicillin pseudinterme	-resistant S. edius (MRSP)	Methicillin-susceptible S. pseudintermedius (MSSP									
	Nares (n=18)	Pyoderma (n=28)	Nares (n=39)	Pyoderma (n=54)								
aacA-aphD	17 (94.4)	25 (89.3)	12 (30.8)	17 (31.5)								
tetM	12 (66.6)	17 (60.7)	13 (33.3)	24 (44.4)								
tetK	4 (22.2)	2 (7.1)	3 (7.7)	1 (1.9)								
ermB	16 (88.9)	25 (89.3)	11 (28.2)	23 (42.6)								
lnuA	0	1 (3.6)	0	0								

Table 6.	Comparison	of the	possession	n rates	of antin	nicrobial
resist	ance genes in	Staphy	vlococcus s	shleifer	i strains	isolated
from	nares and pyo	derma	sites in pet	dogs		

	No. (%) of strains											
Gene	Methicillin schleiferi	resistant S. (MRSS)	Methicillin- schleifer	susceptible <i>S.</i> i (MSSS)								
	Nares (n=8)	Pyoderma (n=5)	Nares (n=18)	Pyoderma (n=13)								
aacA-aphD	2 (25.0)	1 (20.0)	0	0								
<i>tetM</i>	0	0	1 (5.6)	0								
lnuA	0	1 (20.0)	1 (5.6)	0								

Strain Or	Orisin Sequence Antimicrobial resistance gene					ne	MSCRAMMs								Virulence factor												
	Origin	type	mecA	ermA	lnuA	aacA-aphD t	etM	cna	fib	fnbA	fnbB	clfA	clfB	eno	ebps	bbp	seb	sec	seg	sei	tst	lukED	hla	hlb	hld	hlg	hlg-2
NVM123	Nares	30	-	+	-	-	-	+	-	+	-	+	+	+	+	+	-	-	+	+	+	-	-	-	+	+	-
NVM146a	Nares	15	-	-	-	-	-	-	+	+	+	+	+	+	+	-	-	-	-	-	-	+	+	+	+	-	+
NVM151a	Nares	5	+	+	-	-	+	-	+	+	+	+	+	+	+	-	+	+	+	+	-	+	+	-	+	-	+
NVM178	Nares	188	-	-	-	-	-	+	+	+	+	+	+	+	+	-	-	-	-	-	-	+	+	-	+	-	+
NVM183a	Nares	5	+	+	-	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	$^+$	+	+	-	+	-	+
MV103	Pyoderma	8	-	-	+	+	-	-	$^+$	+	$^+$	$^+$	+	$^+$	$^+$	-	-	-	-	-	-	+	-	-	$^+$	-	+

Table 7. Molecular epidemiological features of Staphylococcus aureus strains isolated from nares and pyoderma sites in pet dogs

MSCRAMMs, Microbial Surface Components Recognizing Adhesive Matrix Molecules.

# DISCUSSION

This study revealed that the isolation rate of staphylococci from the pyoderma sites was significantly higher than that from the nares in pet dogs. Additionally, the proportion of *S. pseudintermedius* was higher in the pyoderma sites compared to in the nares. Maali *et al.* reported that the isolation rate of *S. pseudintermedius* was over 80% in the normal skin of dogs [19]. The detection rate of *S. pseudintermedius* in pet dogs in this study was lower than that presented in a previous study. *S. schleiferi* accounted for 20–30% of the staphylococci. The proportions of MRSP and MRSS in the strains isolated from nares were equivalent to those of pyoderma sites. The isolation rates (31.6–34.1%) of MRSP were significantly lower than those (66.5%) reported in a previous study in Japan (P<0.001) [15]. However, the proportion of MRSP in *S. pseudintermedius* isolated from dogs was 0–7% in other countries [31], indicating that the isolation rate of MRSP in Japanese dogs is higher than that in other countries.

Our data showed no difference in antimicrobial susceptibility between staphylococci isolated from nares and pyoderma sites. Importantly, MRSP strains existing not only in pyoderma sites but also in nares exhibited multidrug resistance. These results indicate that commensal staphylococci of pet dogs have acquired antimicrobial resistance. Several *mecA*-negative but oxacillinresistant *S. pseudintermedius* and *S. schleiferi* strains were identified in this study. *mecB* and *mecC* are determinants of resistance (other than *mecA*) against oxacillin in staphylococci [1]. However, the *mecA*-negative oxacillin-resistant strains were negative for both *mecB* and *mecC* (data not shown). *S. aureus* strains with decreased susceptibility to oxacillin have been sporadically reported worldwide [12, 20]. These strains are *mecA*-negative, implying a different mechanism of resistance to that of MRSA. They are referred to as borderline oxacillin-resistant *S. aureus* (BORSA). Recently, we found that one of the mechanisms underlying decreased susceptibility to oxacillin involves a specific class A  $\beta$ -lactamase, BlaZ [24]. Therefore, the *mecA*-negative oxacillinresistant strains identified in this study may possess novel resistance factors, in a manner similar to BORSA.

Aminoglycoside (*aacA-aphD*), macrolide (*ermB*), and tetracycline (*tetM*) resistance genes were frequently found in MRSP strains isolated from both nares and pyoderma sites. Furthermore, the lincomycin resistance gene (*lnuA*) was identified in MRSP and MRSS from pyoderma sites and MSSS from nares. To the best of our knowledge, this is the first report of the detection of *lnuA*-positive *S. schleiferi* strains. Additionally, *aacA-aphD*, *tetM*, and *lnuA* were detected in *S. aureus* strains. Further studies are necessary to determine whether *S. pseudintermedius* and *S. schleiferi* act as reservoirs of the antimicrobial resistance genes and exchange them with *S. aureus*.

ST5, 8, and 30 *S. aureus* strains, which are frequently found in human infectious diseases, were isolated from pet dogs. ST5 is a major type of hospital-acquired MRSA, and ST8 and 30 are major types of community-associated MRSA in Japan [10]. In particular, two strains of ST5 were identified as MRSA and carried multiple antimicrobial resistance genes and virulence factors. Boost *et al.* suggested that *S. aureus* strains may exchange between owners and pet dogs [3]. Further study is necessary to demonstrate whether *S. aureus* strains isolated from pet dogs act as causative agent of infectious diseases in humans or not.

In conclusion, we revealed that the prevalence of antimicrobial-resistant staphylococci in the nares of pet dogs with superficial pyoderma is the same as that in affected sites. Therefore, we attention should be paid to the antimicrobial resistance of commensal staphylococci in companion animals.

POTENTIAL CONFLICTS OF INTEREST. The authors have nothing to disclose.

#### REFERENCES

- 1. Becker, K., Ballhausen, B., Köck, R. and Kriegeskorte, A. 2014. Methicillin resistance in *Staphylococcus* isolates: the "mec alphabet" with specific consideration of *mecC*, a *mec* homolog associated with zoonotic *S. aureus* lineages. *Int. J. Med. Microbiol.* **304**: 794–804. [Medline] [CrossRef]
- 2. Becker, K., Heilmann, C. and Peters, G. 2014. Coagulase-negative staphylococci. *Clin. Microbiol. Rev.* 27: 870–926. [Medline] [CrossRef] 3. Boost M. V. O'Donoghue M. M. and James A. 2008. Prevalence of *Staphylococcus gurgus* carriage among does and their owners. *Evidential*
- Boost, M. V., O'Donoghue, M. M. and James, A. 2008. Prevalence of *Staphylococcus aureus* carriage among dogs and their owners. *Epidemiol. Infect.* 136: 953–964. [Medline] [CrossRef]
- 4. Chanchaithong, P. and Prapasarakul, N. 2011. Biochemical markers and protein pattern analysis for canine coagulase-positive staphylococci and their distribution on dog skin. J. Microbiol. Methods 86: 175–181. [Medline] [CrossRef]
- CLSI. 2015. Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically; Approved Standard M07-A10. Clinical and Laboratory Standards Institute, Wayne.

- CLSI. 2016. Performance Standards for Antimicrobial Susceptibility Testing; Approved Standard M100-S26. Clinical and Laboratory Standards Institute, Wayne.
- Enright, M. C., Day, N. P., Davies, C. E., Peacock, S. J. and Spratt, B. G. 2000. Multilocus sequence typing for characterization of methicillinresistant and methicillin-susceptible clones of *Staphylococcus aureus*. J. Clin. Microbiol. 38: 1008–1015. [Medline] [CrossRef]
- 8. Fazakerley, J., Williams, N., Carter, S., McEwan, N. and Nuttall, T. 2010. Heterogeneity of *Staphylococcus pseudintermedius* isolates from atopic and healthy dogs. *Vet. Dermatol.* **21**: 578–585. [Medline] [CrossRef]
- Gutell, R. R., Larsen, N. and Woese, C. R. 1994. Lessons from an evolving rRNA: 16S and 23S rRNA structures from a comparative perspective. *Microbiol. Rev.* 58: 10–26. [Medline] [CrossRef]
- Harada, D., Nakaminami, H., Miyajima, E., Sugiyama, T., Sasai, N., Kitamura, Y., Tamura, T., Kawakubo, T. and Noguchi, N. 2018. Change in genotype of methicillin-resistant *Staphylococcus aureus* (MRSA) affects the antibiogram of hospital-acquired MRSA. *J. Infect. Chemother.* 24: 563–569. [Medline] [CrossRef]
- Hillier, A., Lloyd, D. H., Weese, J. S., Blondeau, J. M., Boothe, D., Breitschwerdt, E., Guardabassi, L., Papich, M. G., Rankin, S., Turnidge, J. D. and Sykes, J. E. 2014. Guidelines for the diagnosis and antimicrobial therapy of canine superficial bacterial folliculitis (Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Diseases). *Vet. Dermatol.* 25: 163–e43. [Medline] [CrossRef]
- 12. Hryniewicz, M. M. and Garbacz, K. 2017. Borderline oxacillin-resistant *Staphylococcus aureus* (BORSA) a more common problem than expected? *J. Med. Microbiol.* **66**: 1367–1373. [Medline] [CrossRef]
- 13. Ito, A., Nakaminami, H., Fujii, T., Utsumi, K. and Noguchi, N. 2015. Increase in SCCmec type IV strains affects trends in antibiograms of meticillin-resistant *Staphylococcus aureus* at a tertiary-care hospital. J. Med. Microbiol. **64**: 745–751. [Medline] [CrossRef]
- 14. Jarraud, S., Mougel, C., Thioulouse, J., Lina, G., Meugnier, H., Forey, F., Nesme, X., Etienne, J. and Vandenesch, F. 2002. Relationships between *Staphylococcus aureus* genetic background, virulence factors, agr groups (alleles), and human disease. *Infect. Immun.* **70**: 631–641. [Medline] [CrossRef]
- Kawakami, T., Shibata, S., Murayama, N., Nagata, M., Nishifuji, K., Iwasaki, T. and Fukata, T. 2010. Antimicrobial susceptibility and methicillin resistance in *Staphylococcus pseudintermedius* and *Staphylococcus schleiferi* subsp. *coagulans* isolated from dogs with pyoderma in Japan. *J. Vet. Med. Sci.* 72: 1615–1619. [Medline] [CrossRef]
- Kondo, Y., Ito, T., Ma, X. X., Watanabe, S., Kreiswirth, B. N., Etienne, J. and Hiramatsu, K. 2007. Combination of multiplex PCRs for staphylococcal cassette chromosome *mec* type assignment: rapid identification system for *mec, ccr*, and major differences in junkyard regions. *Antimicrob. Agents Chemother.* 51: 264–274. [Medline] [CrossRef]
- 17. Lina, G., Quaglia, A., Reverdy, M. E., Leclercq, R., Vandenesch, F. and Etienne, J. 1999. Distribution of genes encoding resistance to macrolides, lincosamides, and streptogramins among staphylococci. *Antimicrob. Agents Chemother.* **43**: 1062–1066. [Medline] [CrossRef]
- 18. Lyon, B. R. and Skurray, R. 1987. Antimicrobial resistance of *Staphylococcus aureus*: genetic basis. *Microbiol. Rev.* **51**: 88–134. [Medline] [CrossRef]
- Maali, Y., Badiou, C., Martins-Simões, P., Hodille, E., Bes, M., Vandenesch, F., Lina, G., Diot, A., Laurent, F. and Trouillet-Assant, S. 2018. Understanding the Virulence of *Staphylococcus pseudintermedius*: A Major Role of Pore-Forming Toxins. *Front. Cell. Infect. Microbiol.* 8: 221. [Medline] [CrossRef]
- Massidda, O., Montanari, M. P., Mingoia, M. and Varaldo, P. E. 1996. Borderline methicillin-susceptible *Staphylococcus aureus* strains have more in common than reduced susceptibility to penicillinase-resistant penicillins. *Antimicrob. Agents Chemother.* 40: 2769–2774. [Medline] [CrossRef]
- 21. Murayama, N., Nagata, M., Terada, Y., Okuaki, M., Takemura, N., Nakaminami, H. and Noguchi, N. 2013. In vitro antiseptic susceptibilities for *Staphylococcus pseudintermedius* isolated from canine superficial pyoderma in Japan. *Vet. Dermatol.* **24**: 126–9.e29. [Medline] [CrossRef]
- Nakaminami, H., Noguchi, N., Ikeda, M., Hasui, M., Sato, M., Yamamoto, S., Yoshida, T., Asano, T., Senoue, M. and Sasatsu, M. 2008. Molecular epidemiology and antimicrobial susceptibilities of 273 exfoliative toxin-encoding-gene-positive *Staphylococcus aureus* isolates from patients with impetigo in Japan. J. Med. Microbiol. 57: 1251–1258. [Medline] [CrossRef]
- Nakaminami, H., Noguchi, N., Ito, A., Ikeda, M., Utsumi, K., Maruyama, H., Sakamoto, H., Senoo, M., Takasato, Y. and Nishinarita, S. 2014. Characterization of methicillin-resistant *Staphylococcus aureus* isolated from tertiary care hospitals in Tokyo, Japan. *J. Infect. Chemother.* 20: 512–515. [Medline] [CrossRef]
- Nomura, R., Nakaminami, H., Takasao, K., Muramatsu, S., Kato, Y., Wajima, T. and Noguchi, N. 2020. A class A β-lactamase produced by borderline oxacillin-resistant Staphylococcus aureus hydrolyses oxacillin. J. Glob. Antimicrob. Resist. 22: 244–247. [Medline] [CrossRef]
- Perreten, V., Kadlec, K., Schwarz, S., Grönlund Andersson, U., Finn, M., Greko, C., Moodley, A., Kania, S. A., Frank, L. A., Bemis, D. A., Franco, A., Iurescia, M., Battisti, A., Duim, B., Wagenaar, J. A., van Duijkeren, E., Weese, J. S., Fitzgerald, J. R., Rossano, A. and Guardabassi, L. 2010. Clonal spread of methicillin-resistant *Staphylococcus pseudintermedius* in Europe and North America: an international multicentre study. *J. Antimicrob. Chemother.* 65: 1145–1154. [Medline] [CrossRef]
- 26. Sasaki, T., Tsubakishita, S., Tanaka, Y., Sakusabe, A., Ohtsuka, M., Hirotaki, S., Kawakami, T., Fukata, T. and Hiramatsu, K. 2010. Multiplex-PCR method for species identification of coagulase-positive staphylococci. *J. Clin. Microbiol.* **48**: 765–769. [Medline] [CrossRef]
- 27. Strommenger, B., Kettlitz, C., Werner, G. and Witte, W. 2003. Multiplex PCR assay for simultaneous detection of nine clinically relevant antibiotic resistance genes in *Staphylococcus aureus. J. Clin. Microbiol.* **41**: 4089–4094. [Medline] [CrossRef]
- Takadama, S., Nakaminami, H., Aoki, S., Akashi, M., Wajima, T., Ikeda, M., Mochida, A., Shimoe, F., Kimura, K., Matsuzaki, Y., Sawamura, D., Inaba, Y., Oishi, T., Nemoto, O., Baba, N. and Noguchi, N. 2017. Prevalence of skin infections caused by Panton-Valentine leukocidin-positive methicillin-resistant *Staphylococcus aureus* in Japan, particularly in Ishigaki, Okinawa. *J. Infect. Chemother.* 23: 800–803. [Medline] [CrossRef]
- Takadama, S., Nakaminami, H., Sato, A., Shoshi, M., Fujii, T. and Noguchi, N. 2018. Dissemination of Panton-Valentine leukocidin-positive methicillin-resistant *Staphylococcus aureus* USA300 clone in multiple hospitals in Tokyo, Japan. *Clin. Microbiol. Infect.* 24: 1211.e1–1211.e7. [Medline] [CrossRef]
- 30. Tristan, A., Ying, L., Bes, M., Etienne, J., Vandenesch, F. and Lina, G. 2003. Use of multiplex PCR to identify *Staphylococcus aureus* adhesins involved in human hematogenous infections. *J. Clin. Microbiol.* **41**: 4465–4467. [Medline] [CrossRef]
- van Duijkeren, E., Catry, B., Greko, C., Moreno, M. A., Pomba, M. C., Pyörälä, S., Ruzauskas, M., Sanders, P., Threlfall, E. J., Torren-Edo, J., Törneke K., Scientific Advisory Group on Antimicrobials (SAGAM). 2011. Review on methicillin-resistant *Staphylococcus pseudintermedius*. J. Antimicrob. Chemother. 66: 2705–2714. [Medline] [CrossRef]
- Watanabe, K., Nakaminami, H., Azuma, C., Tanaka, I., Nakase, K., Matsunaga, N., Okuyama, K., Yamada, K., Utsumi, K., Fujii, T. and Noguchi, N. 2016. Methicillin-resistant *Staphylococcus epidermidis* is part of the skin flora on the hands of both healthy individuals and hospital workers. *Biol. Pharm. Bull.* 39: 1868–1875. [Medline] [CrossRef]
- 33. Yoon, J. W., Lee, G. J., Lee, S. Y., Park, C., Yoo, J. H. and Park, H. M. 2010. Prevalence of genes for enterotoxins, toxic shock syndrome toxin 1 and exfoliative toxin among clinical isolates of *Staphylococcus pseudintermedius* from canine origin. *Vet. Dermatol.* **21**: 484–489. [Medline] [CrossRef]