

Positive Controls in the Detection of Genes of Resistance to Tetracyclines in Bacteria of Veterinary Interest

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Abstract

Because the etiologic agents are mainly multi-resistant bacteria, the treatment of nosocomial infections is increasingly complicated. In addition, because bacterial resistance is encoded by genes, it becomes necessary to know and update their frequencies and to guide the control of antimicrobial resistance in hospitals.

Currently, the Polymerase Chain Reaction (PCR) is the molecular tool used for the detection of these genes, but positive controls are needed for the proper interpretation of their results.

Therefore, the objective of this study was to obtain two positive controls for tetracycline resistance genes: *tet(A)* and *tet(B)* from *Pseudomonas aeruginosa* and *Pantoea agglomerans*, two bacterial strains resistant to tetracycline. These genes were detected by PCR, sequenced and compared with data from GenBank®.

The results obtained using the Clustal Ω and BLAST program indicated a nucleotidic identity percentage (NIP) higher than 90% for *tet(B)* gene, meanwhile lower nucleotidic identity for *tet(A)* gene is controversial.

Thus, the presence of the *tet(B)* gene was confirmed in the studied strains and its utilization as positive controls can be suggested. The obtaining of strain that may be used as positive control for *tet(A)* gene was not achieved, however new primers are proposed.

Keywords: Nosocomial infection, Tetracycline, *tet* genes.

Background

Nosocomial or intrahospital infections (IN or IHH) have been defined as those infections that are acquired within a hospital and whose manifestation, depending on the incubation period of the infection, can occur 48-72 hours later, or even once given discharge the patient, that is, they are not present or being incubated at the time of admission^[1,2]. They are preferentially caused by bacteria, being the most isolated from intensive human units *Pseudomonas aeruginosa*, *Escherichia coli*, *Staphylococcus aureus*, *Staphylococcus epidermidis* and *Acinetobacter baumannii*^[3,4].

In the case of veterinary medicine, there are few studies carried out in veterinary hospitals where the most prevalent nosocomial agents are isolated and identified. In Chile, some bacteria causing infections in operative wounds have been identified in a hospital of small animals, with *Staphylococcus intermedius* being the most recurrent agent in both dogs and cats, followed by *Actinomyces pyogenes*, *Micrococcus spp.*, and *Pseudomonas aeruginosa*^[5]. We have also identified potentially nosocomial environmental bacteria such as *Enterococcus faecium*, *Enterobacter cloacae*, *Escherichia coli* and *Pseudomonas aeruginosa*, which presented a high percentage of resistance to 2 or more antimicrobials^[6].

To define if a bacterium is resistant to an antimicrobial, it is considered the minimum inhibitory concentration (MIC); when the concentration that the antimicrobial reaches in the tissue does not exceed the MIC, the bacteria have all the possibilities of surviving and it can be indicated that they are resistant^[7,8]. This resistance can be a natural property (intrinsic) or the result of a mutation or acquisition of genetic material in the form of plasmids or transposons, through different transfer processes, which is facilitated by the selection pressure generated when using antibacterials^[9-11].

Currently, one of the groups of antibacterials that have high levels of bacterial resistance is that of tetracyclines^[12-14].

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The main resistance mechanisms described to counteract the effect of these antibacterials are: active expulsion pumps specific for tetracyclines and ribosomal protection proteins, with the enzymatic inactivation of the drug being of less importance^[15]. The first mechanism has been described mostly among Gram-negative bacteria, while the second among Gram-positive.

At least, 40 genetic determinants of tetracycline resistance (*tet* genes) and 3 determinants of resistance to oxytetracycline (*otr* genes) have been characterized^[16]. Most of these genes, including *tet(A)* and *tet(B)*, encode a cytoplasmic membrane efflux (Tet) protein, which exchanges a proton for a cation-tetracycline complex against the concentration gradient^[17]. It is described that these two genes are widely disseminated in nature among Gram-negative bacteria, because they occur mainly in mobile genetic elements^[18].

Some studies have evaluated the prevalence of these genes in nosocomial bacteria and it is recognized that the *tetgene* (B) is the most prevalent in strains of *Acinetobacterbaumanni*^[18-20] while *tet(A)* and *tet(B)* present a high frequency in strains of *Escherichia coli*^[21]. To achieve this detection, the Polymerase Chain Reaction (PCR) has been used^[22]. This technique is based on the exponential amplification of a sequence of interest, in a sensitive and specific way. To perform it, DNA is required, two synthetic oligonucleotides (primers) that give specificity to the technique, the DNA polymerase originally from the bacteria *Thermus aquaticus*, the four deoxynucleotides and a thermal cycler, which allows to vary the temperature according to the stage in development, needing denaturation and extension, temperatures higher than alignment^[23,24]. The PCR technique requires positive controls, which are a fundamental element in the interpretation of the results. Currently, in the Microbiology laboratory of the Faculty of Veterinary and Animal Sciences of the University of Chile, there are no native strains that certify the presence of resistance genes that can be used as positive controls, so they must be obtained from phenotypically resistant strains. Due to this deficiency, this study aims to generate native positive controls useful in the detection of the *tet(A)* and *tet(B)* genes, complementing the investigations in which positive control strains for the *bla*_{TEM}^[25] and *mecA* genes have been obtained, involved in β -lactam resistance (unpublished data).

These controls will allow confirming the presence or absence of these genes in bacteria isolated from hospital premises, being very useful as a predictive measure for greater control of bacterial resistance, and in the development of a surveillance system that two guide the rotation of antimicrobials to be used, according to the epidemiological situation of each hospital facility^[26-28].

Materials and methods

This research was carried out in the Laboratory of Veterinary Bacteriology of the Department of Animal Preventive Medicine in the Faculty of Veterinary and Animal Sciences of the University of Chile.

Two bacterial strains were used: *Pseudomonas aeruginosa* and *Pantoeaagglomerans*, isolated and identified in a previous study^[29] that showed phenotypic resistance to tetracyclines according to the determination of antimicrobial susceptibility using the Kirby Bauer method and which, when analyzed previ-

ously by PCR, amplified bands of size compatible with what has been described for the *tet(A)* and *tet(B)* genes^[30].

The extraction of the bacterial DNA was carried out using a commercial kit (Genomic DNA Purification kit, Fermentas[®]), following the manufacturer's instructions. For its amplification, a commercial kit (2X PCR Master Mix Fermentas[®]) was used, which contains the thermo stable polymerase, the deoxynucleotide triphosphates (dNTPs), the reaction buffer and MgCl₂.

The amplification conditions of the genes were the same for both *tet* genes. Briefly, the samples were subjected to 30 cycles, with denaturation at 94°C for one minute, alignment at 55°C for one minute, extension at 72°C for one minute and finally a final elongation at 72°C for five minutes. The used primers are 5'-GTAATTCTGAGCACTGTCGC-3' and 5'-CTGCCTGGACAACATTGCTT-3' for *tet(A)* gene and 5'-TTGGTTAGGGGCAAGTTTTG-3' and 5'-GTAATGGGCCAATAACACCG-3' for *tet(B)* gene and the expected band sizes for *tet(A)* and for *tet(B)* were 950 bp and 650 bp respectively. The visualization of the PCR products was done by electrophoresis in 2% agarose gel (Winkler[®]) in Tris acetate EDTA (TAE) buffer (Fermentas[®]). The PCR product was mixed with a commercial loading product (6X Mass Ruler Loading Dye Solution, Fermentas[®]) and the electrophoresis was carried out at 90 V for 90 minutes. As a molecular size marker, a standard was used that contains DNA fragments between 100 and 1000 bp (DNA ladder, Fermentas[®]). After electrophoresis, the gel was immersed in ethidium bromide (0.5 μ g/mL, Fermelo[®]) and the bands were visualized in a transilluminator of ultraviolet light (Transiluminator UVP[®]) and photographed with a digital camera.

The biosafety measures included the use of sterile material, the use of long-sleeved apron and gloves. The use of a transilluminator of UV light and ethidium bromide, contemplated the use of an acrylic plate and glasses with filter, as well as the incineration of the gels.

The sequencing of the resulting DNA fragments was carried out by the Genytec Company (Genetics and Technology Ltd.). Subsequently, these sequences were aligned using the Clustal Ω online program (free access), obtaining a consensus sequence for each gene and each strain, comparing them with some described in the GenBank[®] and finally determining the nucleotide identity percentage (NIP) for the genes of interest^[31]. The criterion for classifying the *tet* genes was based on that previously used, considering at least one NIP \geq 80% to be classified within any of the genetic determinants already described^[32].

Results

Detection and sequencing of *tet(A)* and *tet(B)* genes in bacteria described as nosocomial.

In figure 1, the bands obtained when performing PCR are visualized: 300 bp bands for the gene *tet(A)* and 650 bp for the *tet(B)* genes.

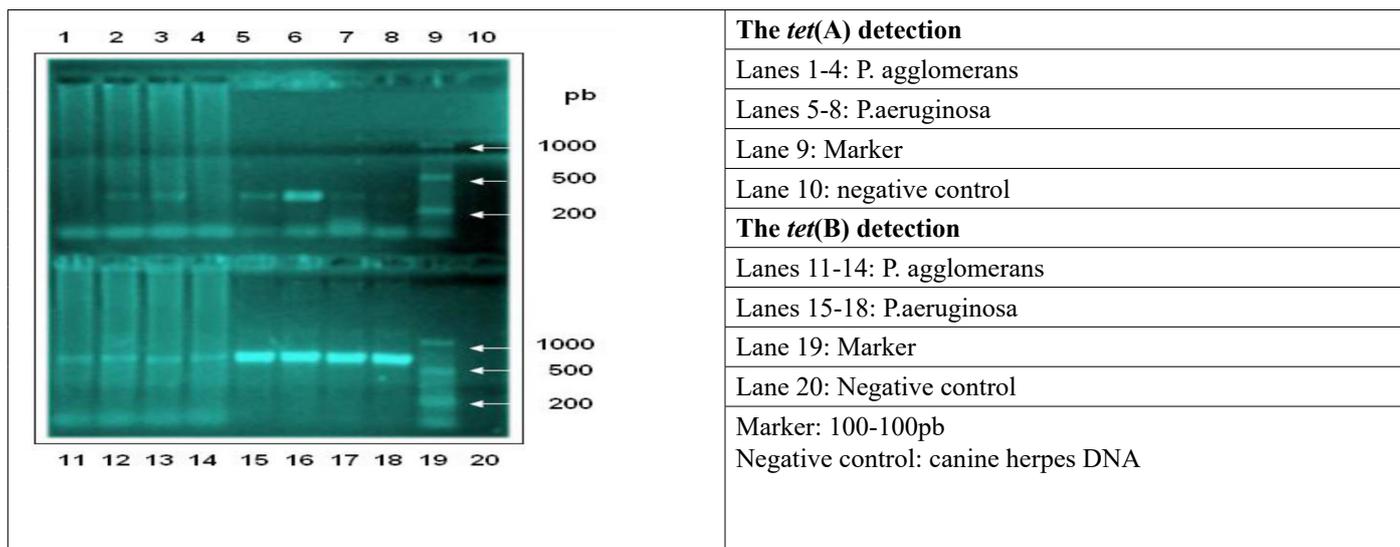


Figure 1: PCR detection of *tet(A)* and *tet(B)* genes in two bacterial.

Determination of nucleotidic identity percentage (NIP) with respect to GenBank®.

Once all these fragments were sequenced, a consensus sequence was obtained for each bacterial strain and tet gene studied (Table 1).

Table 1: Consensus sequences for BOR1 and BOR2 (*tet(B)*) and BOR3 and BOR4 (*tet(A)*) in two bacterial strains

<p>BOR1: consensus sequence for <i>tet(B)</i> (<i>P.agglomerans</i>)</p> <p>TTATGTTTTGGGTTCCGTGAAACCAAAAATACACGTGATAATACAGATACCGGAAGTAGGGTTGAGACGCAATCGAATTCGGTATACATCACTTTATTTAAAACGATGCCCCATTTTGTTGATTATTTATTTTCAGCGCAATTGATAGGCCAAATCCCGCAACGGTGTGGGTGCTATTTACCGAAAATCGTTTGGATGGAATAGCATGATGGTTGGCTTTTCATTAGCGGGTCTTG-GTCTTTTACACTCAGTATTCCAAGCCTTTGTGGCAGGAAGAATAGCCACTAAATGGGGCGAAAAACGGCAGTACTGCTCGGATTTATTGCAGATAGTAGTCATTTGCCTTTTAGCGTTTATATCTGAAGTTGGTTAGTTTTCCCTGTTATAATAATATTGGCTGGTGGTGGGATCGCTTTACCTGCATTACAGGGAGTGATGTCTATCCAAACAAAGAGTCATCGCAAGGTGCTTTACAGGGATTATTGGGAGCCTTACCAATGCACT</p>	<p>BOR2: secuencia de consenso <i>tet(B)</i> (<i>P.aeruginosa</i>)</p> <p>TGCCTTGGTTAAAGCGGGGCCTATTATTGGTGGTTTTGAGGAGAGTTTTTACCGCATAGTCCCTTTTTTATCGCTGCGTTGCTAAATATGTGCGCTTTCCTTGTGGTTATGTTTATTGTTCCGTGAAACCAAAAATACACCGTGATAATACAGATACCGAAGTAGGGGTTGAGACGCAATCGAATTCGGTATAACATCACTTTATTTAAAACGATGCCCCATTTTGTTGATTATTTATTTTTCAGCGCAATTGATAGGCCAAATTC-CGCAACGGTGTGGGTGCTATTTACCGAAAATCGTTTGGATGGAATAGCATGATGGTTGGCTTTTCATTAGCGGGGTCTTGGTCTTTTACACTCAGTATTCCAAGCCTTTGTGGCAAGAAGAATAGCCACTAAATGGGGCGAAAAACGGCAGTACTGCTCGGATTTATTGCAGATAGTAGTCATTTGCCTTTTAGCGTTTATATCTGAAGTTGGGTGAGGTTTGTCCCTGTTTTAAATTTATTA</p>
<p>BOR3: secuencia de consenso <i>tet(A)</i>. (<i>P.agglomerans</i>)</p> <p>CCGTTACACGGCTTCGTCGGGCTCTAGGACCCTCCGGGCGTCGTCGAGGACCCGCACGTTGCCCCCGTCCACCCGCGCCGTTTCGACGAGTTCCAGGAGCCGCTCCTGAAGCTTTTTCGATCTCGTTGGTCAAGATGTCCCCGATGTGCCGGTTGAGCCCCTTGCTTTCCTTGCCCTCCACGCCACCGCGGTCAGGCCCTTGACGCGTTGGGCGATTTCGTGCCATCCCCTGTGGCTCCTGTTGCACATGGTACACGGAATCAATGTTATCCATGCTGTCCAGGCAGA</p>	<p>BOR4: secuencia de consenso <i>tet(A)</i> (<i>P.aeruginosa</i>)</p> <p>TGTAATTCTTGTAATTGTGAGCAGGGTTCGCCGCGTCA-CAGGTTTCGTCGAGGCTCAGGGCCAGCCGCCGGTTCGTCAAAAAACGCGCAGGTTGACCCGTGCCGCCCGCGCCGTTTCGAGGATCGCCGCCTGACGCTCGCCGACCTCGTAGAATGTTGTGCAAGAAGTGCCGAAAAAAGCCGCCG-CAGTCCCTTGCTTTCAGGCCCGCCGAGCAGCGCGGT-CAGGCGCTGGACGCGTTGGGCGATGCGTTTCAGGTCCTGGGCCAGGAGACGGCATAAA</p>

When carrying out the multiple alignments for the *tet(B)* gene values greater than 90% were found for both consensus sequences: BOR1 (*P.agglomerans*) and BOR2 (*P.aeruginosa*). While for *tet(A)* the sequences BOR3 (*P.agglomerans*) and BOR4 (*P.aeruginosa*) reached lower and controversial PIN values (Table 2).

Table 2: Nucleotidic identity percentage (NIP) for BOR1, BOR2, BOR3 and BOR4 by Blast Program

BOR1						
Sequences producing significant alignments:						
Description	Max score	Total score	Query cover	E value	Ident	Accession
Acinetobacter baumannii strain TG90155 chromosome	898	898	99%	0.0	98.44%	CP036283.1
Escherichia coli strain A68 TetB (tetB) (gene, partial cds)	898	898	99%	0.0	98.44%	MK532895.1
Escherichia coli strain A5 TetB (tetB) (gene, partial cds)	898	898	99%	0.0	98.44%	MK532892.1
Escherichia coli strain A3 TetB (tetB) (gene, partial cds)	898	898	99%	0.0	98.44%	MK532890.1
Acinetobacter baumannii strain VB31452 classM1 unnamed1 complete sequence	898	898	99%	0.0	98.44%	CP035931.1
Acinetobacter baumannii strain S402 TetB (tetB) (gene, partial cds)	898	898	99%	0.0	98.44%	MK506781.1

BOR2						
Sequences producing significant alignments:						
Description	Max score	Total score	Query cover	E value	Ident	Accession
Acinetobacter baumannii strain S402 TetB (tetB) (gene, partial cds)	774	774	99%	0.0	97.79%	MK506781.1
Haemophilus influenzae strain NCTC12699 genome assembly, chromosome_1	774	774	99%	0.0	97.79%	LR134171.1
Escherichia coli strain ECMZ/ND198 class B tetracycline resistance protein (tetB) (gene, partial cds)	774	774	99%	0.0	97.79%	MK258121.1
Escherichia coli strain ECMZ/ND150 class B tetracycline resistance protein (tetB) (gene, partial cds)	774	774	99%	0.0	97.79%	MK258120.1
Escherichia coli strain ECMZ/ND149 class B tetracycline resistance protein (tetB) (gene, partial cds)	774	774	99%	0.0	97.79%	MK258119.1
Escherichia coli strain ECMZ/ND137 class B tetracycline resistance protein (tetB) (gene, partial cds)	774	774	99%	0.0	97.79%	MK258118.1

BOR3						
BLAST Results						
Job title: Nucleotide Sequence						
Query ID	Description	Molecule type	Query Length	Database Name	nr	Nucleotide collection (nr)
8GUNF7BX014	None	nucleic acid	288	BLASTN 2.6.1+		

No significant similarity found. For reasons why, click here

BOR4						
Sequences producing significant alignments:						
Description	Max score	Total score	Query cover	E value	Ident	Accession
Pseudomonas aeruginosa strain E93 chromosome complete genome	396	396	92%	2e-106	93.96%	CP931677.1
Pseudomonas aeruginosa strain IMF-13 chromosome complete genome	396	396	92%	2e-106	93.96%	CP934354.1
Pseudomonas aeruginosa isolate caer912 genome assembly, chromosome_0	396	396	92%	2e-106	93.96%	LR130937.1
Pseudomonas aeruginosa isolate caer910 genome assembly, chromosome_0	396	396	92%	2e-106	93.96%	LR130936.1
Pseudomonas aeruginosa isolate caer911 genome assembly, chromosome_0	396	396	92%	2e-106	93.96%	LR130935.1
Pseudomonas aeruginosa isolate caer904 genome assembly, chromosome_0	396	396	92%	2e-106	93.96%	LR130931.1

Discussion

Nowadays, it is necessary to have tools to guide the control of bacterial resistance in hospitals. One of these tools could be based on the detection of resistance genes, which would allow a better choice of antimicrobials to be used, complementing the information obtained in the antibiogram.

For this molecular detection, an alternative is to use the PCR technique. An important risk in its realization is the contamination with exogenous DNA, which may come from mainly from previous reactions or using contaminated reagents. To avoid this, it is recommended to respect the work rules, use reagents of certified quality, disposable material and have a physical space separate from areas where other activities are carried out^[33,34].

The described methodology allowed obtaining amplicons of sizes close to 650 bp for the *tet(B)* gene and 300 bp for the *tet(A)* gene from samples from *P. agglomerans* and *P. aeruginosa*, two environmental bacterial strains described as po-

tentially nosocomial. Obtaining amplicons of 650 bp was a first sign of the presence of the *tet(B)* gene. However, the presence of 300 bp amplicons with respect to the *tet(A)* gene generated an unresolved question, because these same strains were previously analyzed by PCR, amplifying 950 bp bands. The nucleotide sequences obtained allowed us to demonstrate the presence of the *tet(B)* gene and definitively rule out the alternative that the 300 bp fragment is part of the *tet(A)* gene, because despite reaching a relatively high PIN value (83%) in *P. aeruginosa*, its alignment with the other sequences described was not homogeneous, a situation that is even more evident in the strain of *P. agglomerans*. This result would not correspond to a failure in the extraction of bacterial DNA, which is corroborated by the presence of amplicons of 650 bp; nor would it be attributable to the primers, who were prepared again to avoid confusion; The reaction mixture was the same, therefore it does not represent an error either and finally, the program introduced in the thermo cycler is the same for both PCR protocols. Therefore, for the detection of this gene soon, it is advisable to use alternative primers, either previously used^[35] or designed by computer programs (*in silico*) using as reference sequences already described and published in gene banks.

When obtaining the nucleotide sequences and performing the alignment through the Clustal Ω program, the obtaining of two positive control strains for *tet(B)*: *P. agglomerans* and *P. aeruginosa* was corroborated, since the NIP value reached ($\geq 93\%$) allows classify them in this genetic determinant, surpassing the NIP value of 80%, recommended in the case of *tet* genes. However, the question remains about the presence of the *tet(A)* gene in the analyzed samples.

In relation to this, when incorporating the 300 bp sequence in the database of the free access on-line program called BLAST^[36], the sequence BOR4 (*P. aeruginosa*) shows a 93% nucleotide identity with a segment of the complete genome of *P. aeruginosa*, which was expected. However, by incorporating the sequence BOR3 (*P. agglomerans*), the program finds no identity in its vast nucleotide collection, suggesting perhaps non-specific amplification. For this reason, it would be interesting to reiterate the use of the *in silico* designed starters proposed in this study, to corroborate the obtaining of fragments compatible with the expected size and verify their identity through sequencing, evaluating their possible usefulness as positive controls.

Finally, the verification of the presence of the *tet(B)* gene in *P. agglomerans* and *P. aeruginosa* is -accordingly- a finding because this gene has not been previously described in any of these strains.

Conclusions

The methodology described allowed to obtain two native control strains: *P. agglomerans* and *P. aeruginosa*, to continue with the study of the *tet(B)* gene, one of the 40 genes involved in tetracycline resistance and constitutes a first step towards the study of the relationships between antimicrobial susceptibility determined by the Kirby Bauer method and the effective presence of a gene involved in resistance.

References

1. Boehme, A. K., Kumar, A.D., Dorsey, A.M., et al. Infections present on admission compared with hospital-acquired infections in acute ischemic stroke patients. (2013) *J stroke Cerebrovasc Dis* 22(8): 582-589.
[Pubmed](#) | [Crossref](#) | [Others](#)
2. Prestinaci, F., Pezzotti, P., Pantosti, A. Antimicrobial resistance: a global multifaceted phenomenon. (2015) *Pathog Glob Health* 109(7): 309-18.
[Pubmed](#) | [Crossref](#) | [Others](#)
3. Olaechea, P., Insausti, J., Blanco, A., et al. Epidemiología e impacto de las infecciones nosocomiales. (2010) *Med Intensiva* 34(4): 256-267.
[Pubmed](#) | [Crossref](#) | [Others](#)
4. Viderman, D., Khamzina, Y., Kaligozhin, Z., et al. An observational case study of hospital associated infections in a critical care unit in Astana, Kazakhstan. (2018) *Antimicrob Resistance Infect Control* 7: 57.
[Pubmed](#) | [Crossref](#) | [Others](#)
5. Sanz, L., Junco, C. Identificación de la etiología de las infecciones bacterianas de las heridas operatorias. (2009) *Hosp Vet* 1: 21-32.
[Pubmed](#) | [Crossref](#) | [Others](#)
6. Witt, N., Rodger, G., Vandesompele, J., et al. An assessment of air as a source of DNA contamination encountered when performing PCR. (2009) *J Biomol Tech* 20(5): 236-240.
[Pubmed](#) | [Crossref](#) | [Others](#)
7. Errecalde, J. (2004). *Uso de antimicrobianos en animales de consumo: incidencia del desarrollo de resistencias en salud pública*. FAO. Roma, Italia. 61 p.
[Pubmed](#) | [Crossref](#) | [Others](#)
8. Sandegren, L. Selection of antibiotic resistance at very low antibiotic concentrations. (2014) *Ups J Med Sci* 119(2): 103-107.
[Pubmed](#) | [Crossref](#) | [Others](#)
9. Davies, J. Inactivation of antibiotics and dissemination of resistance genes. (1994) *Science* 264(5157): 375-382.
[Pubmed](#) | [Crossref](#) | [Others](#)
10. Cabrera, C., Gómez, F., Zúñiga, A. La resistencia de bacterias antibióticos, antisépticos y desinfectantes una manifestación de los mecanismos de supervivencia y adaptación. (2007) *Colomb Med* 38: 149-158.
[Pubmed](#) | [Crossref](#) | [Others](#)
11. Martinez, J.L., Baquero, F. Emergence and spread of antibiotic resistance: setting a parameter space. (2014) *Ups J Med Sci* 119(2): 68-77.
[Pubmed](#) | [Crossref](#) | [Others](#)
12. Chopra, I., Roberts, M. Tetracycline antibiotics: mode of action, applications, molecular biology, and epidemiology of bacterial resistance. (2001) *Microbiol Mol Biol Rev* 65(2): 232-260.
[Pubmed](#) | [Crossref](#) | [Others](#)
13. Fair, R.J., Tor, Y. Antibiotics and bacterial resistance in the 21st century. (2014) *Perspect Medicin Chem* 6: 25-64.
[Pubmed](#) | [Crossref](#) | [Others](#)
14. Grossman, T.H. Tetracycline Antibiotics and Resistance. (2016) *Cold Spring Harb Perspect Med*. 6(4): 25387
[Pubmed](#) | [Crossref](#) | [Others](#)
15. Trieber, C.A., Taylor, D.E. Mutations in the 16S rRNA genes of *Helicobacter pylori* mediate resistance to tetracycline. *J Bacteriol* 184(8): 2131-2140.
[Pubmed](#) | [Crossref](#) | [Others](#)
16. Roberts, M. Tet mechanisms of resistance. (2010)
[Pubmed](#) | [Crossref](#) | [Others](#)
17. Davies, J., Weeb, V. Antibiotic resistance of bacteria. In: Shaechter, M. (2004). *The desk encyclopedia of microbiology*. Elsevier. California, USA. 25-46.
[Pubmed](#) | [Crossref](#) | [Others](#)
18. Martí, S., Fernández-Cuenca, F., Pascual, A., et al. Prevalencia de los genes tetA y tetB como mecanismo de resistencia a tetraciclina y minociclina en aislamientos clínicos de *Acinetobacter baumannii*. (2006). *Enferm Infecc Microbiol Clin* 24(2): 77-80.
[Pubmed](#) | [Crossref](#) | [Others](#)
19. Falagas, M.E., Vardakas, K.Z., Kapaskelis, A., et al. Tetracyclines for multidrug-resistant *Acinetobacter baumannii* infections. (2015) *Int. J. Antimicrob. Agents* 45(5): 455-460.
[Pubmed](#) | [Crossref](#) | [Others](#)
20. Almasaudi, S.B. *Acinetobacter spp.* as nosocomial pathogens: Epidemiology and resistance features. (2016) *Saudi J Biol Sci* 25(3): 586-596.
[Pubmed](#) | [Crossref](#) | [Others](#)
21. Tuckman, M., Petersen, P., Howe, A., et al. Occurrence of tetracycline resistance genes among *Escherichia coli* isolates from the phase 3 clinical trials for tigecycline. (2007) *Antimicrob Agents Chemother* 51(9): 3205-3211.
[Pubmed](#) | [Crossref](#) | [Others](#)
22. Fluit, A.C., Visser, M., Schmitz, F.J. Molecular detection of antimicrobial resistance. (2001) *Clin Microbiol Rev* 14(4): 836-871.
[Pubmed](#) | [Crossref](#) | [Others](#)
23. Mullis, K., Faloona, F. Specific synthesis of DNA *in vitro* via a polymerase-catalysed chain reaction. (1987) *Methods Enzymol* 155: 335-350.
[Pubmed](#) | [Crossref](#) | [Others](#)
24. Saiki, R., Gelfand, D., Stoffel, S., et al. Primer-directed enzymatic amplification of DNA with a thermostable DNA polymerase. (1988) *Science* 239(4839): 487-491.
[Pubmed](#) | [Crossref](#) | [Others](#)
25. Yáñez, D., Jara, M.A., Navarro, C. Detection of Bla_{TEM} resistance gene in bacteria described as nosocomial. (2018) *J of Science Frontier Research* 18(7): 21-28
[Pubmed](#) | [Crossref](#) | [Others](#)
26. Oteo, J., Campos, J. Valor de los sistemas de vigilancia de resistencia a antibióticos. (2003) *Enferm Infecc Clin* 21(3): 123-125.
[Pubmed](#) | [Crossref](#) | [Others](#)
27. Ogeer-Gyles, J., Mathews, K., Boerlin, P., et al. Nosocomial infections and antimicrobial resistance in critical care medicine. (2006) *J Vet Emerg Crit Care* 16(1): 1-18.
[Pubmed](#) | [Crossref](#) | [Others](#)
28. Allcock, S., Young, E.H., Holmes, M., et al. Antimicrobial resistance in human populations: challenges and opportunities. (2017) *Glob Health Epidemiol Genom* 2: 4.
[Pubmed](#) | [Crossref](#) | [Others](#)
29. Jara, M.A., Avendaño, P. Navarro, C. (2009), Identificación

y estudio de susceptibilidad antimicrobiana de bacterias potencialmente responsables de infecciones nosocomiales en hospitales veterinarios de la Universidad de Chile. Av Cs Vet 24:11-17.

[Pubmed](#) | [Crossref](#) | [Others](#)

30. Oyarce, D. Detección de cuatro genes de resistencia a tetraciclinas en bacterias nosocomiales Gram-negativas, aisladas en recintos hospitalarios veterinarios. (2011) Memoria Título Médico Veterinario. Santiago, Chile. U. Chile, Fac Ciencias Veterinarias y Pecuarias. 21 .

[Pubmed](#) | [Crossref](#) | [Others](#)

31. Thompson, J., Higgins, D., Gibson, T. Clustal W: Improving the sensitivity progressive multiple sequence alignments through sequence weighting position specific gap penalties and weight matrix choice. (1994) Nucl Acids Res 22(22): 4673-4680.

[Pubmed](#) | [Crossref](#) | [Others](#)

32. Levy, S., McMurry, L., Barbosa, T., et al. Nomenclature for new tetracycline resistance determinants. (1999) Antimicrob Agents Chemother 43(6): 1523- 1524.

[Pubmed](#) | [Crossref](#) | [Others](#)

33. Wolcott, M. Advances in nucleic acid-based detection methods. (1992) Clin Microbiol Rev 5(4): 370 -386.

[Pubmed](#) | [Crossref](#) | [Others](#)

34. Corless, C.E., Guiver, M., Borrow, R., et al. Contamination and sensitivity issues with a real-time universal 16S rRNA PCR. (2000) J Clin Microbiol 38(5): 1747-1752.

[Pubmed](#) | [Crossref](#) | [Others](#)

35. Guillaume, G., Verbrugge, D., Chasseur-Libotte, M. PCR typing of tetracycline resistance determinants (Tet A-E) in *Salmonella enterica* serotype Hadar and in the microbial community of activated sludges from hospital and urban wastewater treatment facilities in Belgium. (2000) FEMS Microbiol Ecol 32(1): 77-85.

[Pubmed](#) | [Crossref](#) | [Others](#)

36. Zhang, Z., Schwartz, S., Wagner, L., et al. A greedy algorithm for aligning DNA sequences. (2000) J Comput Biol. 7(1-2): 203-214.

[Pubmed](#) | [Crossref](#) | [Others](#)

37. WHO (world Health Organization) Epidemiología de las infecciones. (2003)

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